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REPORT ON THE PROGRAMS OF INDEPENDENT LIVING SERVICES AND ASSISTANCE

A REPORT

PREPARED BY THE

VETERANS' ADMINISTRATION

(Pursuant to Section 1520(b) of Title 38, United States Code)

SUBMITTED TO THE

COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

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OCTOBER 11 1984

Honorable G. V. (Sonny) Montgomery
Chairman
Committee on Veterans' Affairs
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

I am pleased to submit the enclosed "Report on the Programs of Independent Living Services and Assistance," mandated by section 1520(b), Title 38, United States Code. Section 1520(b) requires that, not later than September 30, 1984, the Administrator submit to Congress a report on the programs of independent living services and assistance, to include: (1) The results of a study which the VA shall conduct of the accomplishments and cost-effectiveness of such programs and (2) the Administrator's recommendations for any legislative changes with respect to the provisions of independent living services and assistance to veterans for whom the achievement of a vocational goal is not feasible.

The results of the study and the steps taken to achieve these results are described. Data on program participation, the status of all participants, and an evaluation of their progress through March 30, 1984, are included in the report. Available data do not allow us at present, however, to reach conclusions regarding the cost-effectiveness of the program. The number of veterans who had completed their independent living program by March 30, 1984, was insufficient to provide a sound data base on which to assess the effectiveness of the program in regard to the factors specified in section 1520(b). Therefore, this should be considered an interim report.

Copies are also being furnished to the President of the Senate, Speaker of the House of Representatives, and to the Senate Committee on Veterans' Affairs.

Additional data sufficient to draw conclusions regarding the cost-effectiveness and accomplishments of the program

Honorable G. V. (Sonny) Montgomery

will be provided in a supplemental report to be submitted no later than May 31, 1985. This supplemental report will also provide the Administrator's legislative recommendations.

Sincerely,

Everett Harvey Jr.

HARRY N. WALTERS
Administrator

Deputy Administrator - For

Enclosure

A REPORT ON THE PROGRAM OF INDEPENDENT LIVING SERVICES AND ASSISTANCE, SECTION 1520(b), TITLE 38, UNITED STATES CODE

(A report prepared by the Veterans Administration)

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I INTRODUCTION

A. General. Title I of Public Law 96-466, "Veterans' Rehabilitation and Education Amendments of 1980," updated and expanded the VA's vocational rehabilitation program under chapter 31, title 38, United States Code to assure that compensable service-disabled veterans would benefit from the latest concepts and methods developed in the field of rehabilitation. The rehabilitation program was expanded to provide for all services and assistance necessary to enable compensable service-disabled veterans to achieve maximum independence in daily living and, to the maximum extent feasible, to become employable and to obtain and maintain suitable employment. Traditionally, vocational rehabilitation was limited to restoration of employability through training. This revision of the chapter 31 program reflects a fundamental change in philosophy which is most clearly evident in the specific mandate to address the independent living needs of the compensable service-connected disabled.

As authorized by Public Law 96-466, independent living services can be provided as:

1. A part of a program to evaluate and improve rehabilitation potential;
2. A part of a vocational rehabilitation program; and
3. The whole of a rehabilitation program for a veteran in a pilot program of independent living services and assistance. This pilot program is authorized by section 1520, Title 38, United

States Code which provides for a four-year (FY 1982 through FY 1985) pilot program of independent living services and assistance for severely disabled veterans for whom the VA determines that the achievement of a vocational goal is not reasonably feasible. This section also requires that a report be submitted to the Congress which includes the results of a study of the accomplishments and cost-effectiveness of the program of independent living services and assistance.

B. Summary of the History of Independent Living. Broadly defined, the IL (Independent Living) concept addresses the right of severely-disabled persons to participate, to the fullest extent desired and possible, in normal activities of daily living. The IL concept sprang from two main sources. The first source was the effort of disabled persons to seek a more fulfilling life in an able-bodied world; and the second was the effort of rehabilitation professionals to assist disabled persons for whom, at the time, a vocational goal was unthinkable. Although the efforts of both these groups converged on specific independent living issues and legislation, for the most part their interests and origins were different enough to warrant separate consideration.

Consumer Origins. With the heightened sensitivity toward civil rights during the 60's, disabled persons became more aware of their minority status. They began to see themselves as consumers, not merely as recipients of help and rehabilitation services. They also began to more fully appreciate their power to help them-

selves and each other rather than continuing to rely exclusively on professional caregivers.[1] During this period the independent living movement was beginning to take form with the Disabled Students Program at the University of Illinois at Champaign-Urbana. This program pioneered community living for persons with severe disabilities, when in 1962 four severely disabled students were transferred from a nursing home to a modified home closer to the university campus.

Independent Living Gains in the 1970's. In the 1970's the independent living movement gained momentum with the establishment of programs such as The Center for Independent Living in Berkeley, California, and the Boston Center for Independent Living on the East Coast. Since that time, similar centers and organizations have sprung up in other parts of the country, each with its own unique blend of advocacy and consumer services.

Legislative History. While disabled persons were organizing to seek a more fulfilling life in an able-bodied world, rehabilitation professionals were formulating and supporting national legislation to extend independent living services to individuals for

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[1] Crew, N. and Zola, I. "Independent Living for Physically Disabled People." San Francisco, CA: Jossey-Bass Inc., 1983.

whom employment was not an attainable objective. Susan Stoddard briefly describes the legislative history underlying the independent living movement, a summary of which is provided in the following paragraph.[2]

Early Federal Legislation. Vocational rehabilitation legislation for nonveterans dates to 1920, when the Smith-Fess Act, Public Law 66-236, authorized vocational training, counseling and placement for the physically handicapped. However, independent living services were not proposed until 1959, when H.R. 361, 86th Congress, was introduced. This proposal focused on reducing public expenditures by reducing the disabled person's need for attendant care. In 1961 legislation with similar intent, H.R. 5416, 87th Congress, was introduced. Although neither of these bills passed, other legislation such as the Architectural Barriers Act of 1968 (Public Law 90-480) contained provisions which increased the severely disabled person's ability to gain access to community facilities and resources.

Major Federal Legislative Improvements in Rehabilitation during the 1970's. During 1972, Congress considered several bills to assist the handicapped. These proposals led to enactment of the Rehabilitation Act of 1973, Public Law 93-112. The Rehabilitation Act required that priority be given to the severely disabled in

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[2] Stoddard, S. "Independent Living: Concepts and Programs." American Rehabilitation, 1978, 3, 2-5.

vocational rehabilitation programs. Portions of this law mandated affirmative action programs for employment of the handicapped, barrier-free walk areas, removal of architectural and transportation barriers and other nondiscrimination actions. In 1974 Public Law 93-112, the Rehabilitation Act, was amended to broaden the concept of "handicapped" to include limitations in functional areas other than just the vocational realm. The Education for all Handicapped Children Act of 1975 (Public Law 94-142), the Developmentally Disabled Assistance and Bill of Rights Act (Public Law 94-103), the Supplemental Security Income Amendments (Public Law 94-173), the National Housing Act Amendments and other legislation all included new provisions which furthered the independent living concept.

In October 1978 President Carter signed Public Law 95-602, which authorized the establishment of comprehensive independent living programs. Public Law 95-602 added Title VII, "Comprehensive Services for Independent Living," to Public Law 93-112. Title VII authorized States to provide independent living services to individuals so severely disabled that vocational objectives are not presently feasible. This initiative was a milestone in the field of rehabilitation as it was the first major, nonvocational program of rehabilitation authorized by Federal law. Title VII established a program with four different approaches to the delivery of independent living services:

1. An independent living services program to be administered by State departments of vocational rehabilitation;

2. A grant program for independent living centers;

3. An independent living program for older blind persons; and

4. A protection and advocacy program to safeguard the rights of severely disabled persons.

Based on the above, Stoddard concluded that much of the enabling legislation for independent living was in place.

C. Development of Independent Living Programs in the Veterans Administration. The impact of consumer and professional concern described in the previous sections is also reflected in rehabilitation concerns of the Veterans Administration, particularly during the middle and late 1970's. Formal recognition of a broadened view of rehabilitation is expressed in at least three major VA reports and studies:

1. "A Study of the Provisions for Veterans' Vocational Rehabilitation," February 1978;

2. "Concept of Rehabilitation in the Veterans Administration," April 9, 1979;

3. "Rehabilitation Task Force Report," January 22, 1980.

These efforts have contributed to recent legislation authorizing the pilot program of independent living services under chapter 31 and the establishment of independent living programs at six medical centers in the Department of Medicine and Surgery.

D. VA Vocational Rehabilitation Programs. The enactment of Public Law 96-466, effective October 1, 1980, represented the culmination of a period of sustained study and consideration of the VA vocational rehabilitation program and was the first major revision of the program since the enactment of Public Law 16, 78th Congress, in 1943. The first legislation to provide vocational rehabilitation for service-disabled veterans was in 1917 when Congress enacted the War Risk Insurance Act. Public Law 78-16 established the vocational rehabilitation program for WWII veterans to help them acquire the skills necessary to seek competitive employment. Public Law 96-466 enacted a broadened concept of rehabilitation, of which independendence in daily living was an integral part.

Comparative Study Made of VA and other Agency Rehabilitation Programs. Public Law 95-202, enacted on November 23, 1977, required the Veterans Administration to conduct a thorough study of its authority to provide vocational rehabilitation services under the provisions of the VA's vocational rehabilitation program. A key part of the study was a comparison of the vocational rehabilitation services available to compensable service-disabled veterans with those services provided under the Rehabilitation Act of 1973, with a view to making recommendations for legislative or administrative changes in the program. "A Study of the Provisions for Veterans Vocational Rehabilitation" was completed and transmitted to the President and the Congress on September 26, 1978 (Senate Committee on Veterans' Affairs Print No. 26, 95th Congress; House Committee on Veterans' Affairs Print No. 167, 95th Congress). In

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the study, the VA found that its veterans' rehabilitation program was essentially patterned after the original program established in 1943, was outdated in its conceptual bases, goals and procedures, and, therefore, was in need of substantial revision and modernization.

Study Findings: The VA Rehabilitation Program from 1943 to Public Law 96-466. The study of the provisions of the veterans' vocational rehabilitation program found the program in effect in the 1970's had been designed in 1943, when it was a progressive and responsible formulation. The program had generally served disabled veterans well for more than 30 years. Nevertheless, the program needed revisions to take advantage of the accomplishments made in rehabilitation during the intervening three decades. A major feature of the traditional VA vocational rehabilitation program which needed revision was the limitation of the purpose of vocational rehabilitation to restoring a veteran's employability lost by virtue of a handicap due to a compensable service-connected disability or disabilities. The chapter 31 definition which equated vocational rehabilitation with vocational training to employability was seen as incomplete in two important areas. First, it omitted certain essential services. There was neither provision for pretraining services for veterans whose training and employment goal is indeterminate nor for direct employment placement and adjustment services necessary for the achievement of actual employment. Second, the limited definition resulted in a fragmented concept of vocational rehabilitation which did not consider rehabilitation to be a unified, multidisciplinary

process. Consequently, the training to employability definition promoted the separate provision of VA vocational rehabilitation services rather than the integrated and coordinated delivery of those services as components of a holistic approach to meeting the veteran's rehabilitation needs. The study recommended that the program provide all services needed--pretraining, training, and post-training--beginning with the identification of compensable service-disabled veterans with an employment handicap, continuing through the rehabilitation process, and culminating in employment whenever feasible. In certain cases, self-employment could be an appropriate outcome of a rehabilitation program. This revision is consistent with the generally accepted goals and criteria of vocational rehabilitation. This revision also accords with current practice under which a rehabilitation agency is seen as the most effective agent for carrying the process of vocational rehabilitation to its logical completion in successful employment. Additional recommendations concerned changes in eligibility and entitlement, the need for an ongoing training and staff development program, and other provisions to bring about desired improvements in the program.

The "Concept of Rehabilitation in the Veterans Administration," issued April 9, 1979, was intended to provide a framework for the development, improvement, and delivery of services in the Veterans Administration. Emphasis was placed upon comprehensive integration of services, a broad definition of rehabilitation and the development of written rehabilitation plans to achieve the multiple goals of the rehabilitation process. The Rehabilitation

Task Force Report, issued January 20, 1980, presented recommendations to improve VA rehabilitation programs and services. The recommendations ranged from measures designed to improve coordination of existing services, to legislative recommendations for establishing new programs, such as independent living. In this regard the Task Force strongly endorsed the legislative recommendations contained in the study of provisions for veterans' vocational rehabilitation.

Presidential Action on the Study. The findings and recommendations of this study were adopted by the President in a message to the Congress on the status of Vietnam era veterans submitted October 19, 1978. The President concluded that the current chapter 31 vocational rehabilitation program required "major updating."

Legislation Results in Public Law 96-466. The Congress, after consideration, which included legislative proposals offered by the Veterans Administration, enacted the new vocational rehabilitation program as Title I of Public Law 96-466, some of the provisions of which were effective October 1, 1980. The remaining provisions became effective April 1, 1981. The changes revised the intent of the program: vocational rehabilitation in the VA would now be structured to enable veterans with compensable service-connected disabilities, to the maximum extent feasible, not only to become employable but actually to obtain and maintain suitable employment. Services necessary to achieve maximum independence in daily

living were authorized to be provided veterans in need of such services, including veterans for whom achievement of a vocational goal is not reasonably feasible.

Chapter 31 Changes Under Public Law 96-466 Are Extensive. The changes in the law expanded the scope of vocational rehabilitation beyond training to include both attainment of employment and independence in daily living as integral parts of the vocational rehabilitation program, marking a fundamental departure from the previous philosophy and purpose of the program. The range of services which can be authorized (including independent living services) was broadened. A comprehensive initial evaluation is provided in each case as a basis for determining eligibility and enhancing program planning. An extended evaluation is undertaken to determine whether vocational rehabilitation is reasonably feasible if this determination cannot reasonably be made during an initial evaluation. An individualized rehabilitation plan is jointly formulated by the VA and each eligible veteran with an employment handicap who elects to participate in the vocational rehabilitation program. Additional changes in law enacted by Public Law 96-466 included the following: Subsistence allowance was increased, a program of staff development was required, and the basic period of eligibility was increased from 9 years to 12 years. Finally, the VA was directed to conduct a 4-year independent living pilot program to assist veterans for whom achievement of a vocational goal has been determined to be not reasonably feasible.

II IMPLEMENTATION OF THE PILOT PROGRAM OF INDEPENDENT LIVING SERVICES

A. Responsibilities for Independent Living. Section 1520, title 38, United States Code, charges the VA with two interrelated independent living responsibilities, each with its distinctive challenges and goals.

Pilot Program of Services. First, section 1520 provides for a four-year (FY 1982 through FY 1985) pilot program of independent living services and assistance for severely disabled veterans for whom the VA determines the achievement of a vocational goal is not reasonably feasible. Under the pilot program, which began October 1, 1981, the VA is authorized to provide programs of independent living services in various geographical areas, with no more than 500 veterans entering the program during any one year. To the maximum extent feasible, the pilot study population is to include veterans in long-term care, in hospitals and nursing homes, who are determined to be not currently feasible for vocational rehabilitation. Development of an individualized written rehabilitation plan is to be completed in the same manner as for other veterans under chapter 31.

Pilot Program Evaluation. Second, section 1520 called for an evaluation of the pilot program of independent living services. Specifically, section 1520(b) states: "Not later than September 30, 1984, the Administrator shall submit to the Congress a report on the programs of independent living services and assistance

provided for in subsection (a) of this section. Such report shall include:

(1) the results of a study which the Administrator shall conduct of the accomplishments and cost-effectiveness of such programs, including the extent to which (A) such programs have met needs for comprehensive independent living services that would not otherwise have been met, (B) severely disabled veterans have achieved and maintained greater independence in daily living as a result of participation in the programs, and (C) costs of care in hospital, nursing home, and domiciliary facilities have been and may be avoided as the result of such programs; and .

(2) the Administrator's recommendations for any legislative changes with respect to the provision of independent living services and assistance to veterans for whom the achievement of a vocational goal is not feasible."

B. Program Goals. The basic program goals are:

1. To provide a program of independent living services to each veteran found eligible for, and entitled to, such a program of services;

2. To establish an individualized independent living plan to achieve the objectives which have been agreed on by the VA and the veteran;

3. To increase the level of independence and the quality of life for veterans who participate in the pilot program;

4. To collect data which will address the following:

a. Cost of care in hospital, nursing home and domiciliary facilities which has been and may be avoided as a result of such a program;

b. Demographic and clinical variables of the veteran's achievement of independent living training objectives;

c. Changes in the levels of independence resulting from program participation;

d. The extent to which such programs have met needs for comprehensive independent living services that otherwise would not have been met;

e. The participation in the pilot program of veterans receiving long-term care in VA hospitals, domiciliaries, and the results of such participation; and

f. The extent to which priority in pilot program participation is given to veterans in both the community or in long-term care in VA facilities who are prevented from achieving a vocational goal solely because of their service-connected disability.

C. Implementation of the Program

1. Policy and Procedures.

a. Principal Field Directives. Department of Veterans Benefits Circular 28-80-3, Appendix O, "Independent Living Services," (see appendix A of this report) was published November 4, 1981. This circular gave background information on independent living, instructed Vocational Rehabilitation and Counseling staff members regarding the provision of independent living services to chapter 31 trainees, and detailed the operation of the independent living pilot program. The instructions in this circular were greatly expanded in DVB Circular 28-84-2, "Pilot Program of Independent Living Services" which was issued shortly before the March 30, 1984, termination date for the collection of data for this interim study.

b. Concept of Service Delivery and Program Management. The pilot program of independent living services was conceptualized and developed based on the case management or "broker system" model rather than the "independent living center" model. That is, this program was not designed to directly provide discrete independent living services; e.g., peer counseling, activities of daily living skills training, or housing. Rather, VR&C (Vocational Rehabilitation and Counseling) field staff members' primary role in the independent living program is similar to their role in developing standard vocational rehabilitation programs; e.g., assessment, coordination, and monitoring of rehabilitation

activities. In conjunction with the veteran, VR&C staff members determine the services necessary to achieve independence in daily living and develop with the veteran an individualized written rehabilitation plan establishing the goals and objectives to be achieved. VR&C staff members then authorize and arrange for the services which have been identified in the plan. If necessary, they also assist the veteran to obtain these services from non-VA sources.

Pilot Program Processing Similar to Other Chapter 31 Processing. As noted above, the process through which a veteran becomes a participant in an independent living program is essentially the same as the process followed and procedures used in all cases in which veterans request assistance under chapter 31. Participation in an independent living program is one possible outcome of this process. Briefly, each veteran is provided an initial evaluation to determine eligibility for and entitlement to assistance under chapter 31. If these conditions are met, and reasonable feasibility of pursuing a vocational rehabilitation program is determined, an individualized written rehabilitation plan is then developed. This plan establishes the veteran's vocational goals and the means through which these goals will be achieved. When the reasonable feasibility of vocational rehabilitation cannot be determined in the initial evaluation, a period of extended evaluation of up to 12 months, or more in certain cases, may be authorized to evaluate and improve the veteran's rehabilitation potential. At the end of the period of extended evaluation, a decision as to the feasibility of vocational rehabilitation is made.

If it is determined that vocational rehabilitation is not reasonably feasible, a recommendation as to the feasibility of a program of independent living services is also made. Independence in daily living is defined in section 1501(2), title 38, U.S. Code as the ability of a veteran to live and function within his or her family and community without the services of others or with a reduced level of services of others. If it is determined that a program of independent living services is a viable alternative for the veteran, an IILP (Individualized Independent Living Plan) is developed in the same manner as for a veteran in a vocational rehabilitation program.

Referral of Pilot Program Candidates to Central Office for Approval. When VA staff members at the field station have completed their actions, the veteran's case is referred to VA Central Office for review. Upon notification from Central Office that the veteran's program has been approved, the veteran's entrance into the program is authorized. Field staff members then begin to provide the services detailed on the IILP.

2. Identifying Potential Candidates. Initial response to the call for participants in the pilot program was limited. It became increasingly apparent that additional action would be necessary to secure greater program participation. On April 19, 1982, a telegraphic message was sent to each regional office establishing a minimum goal for pilot program participation for that office (See appendix B). The number of referrals to Central Office increased substantially following that message.

Resources for Potential Candidates. Department of Veterans Benefits Circular 28-82-5, "Identifying Potential Candidates for the Pilot Program of Independent Living Services" (see appendix D), was published April 27, 1982. This circular primarily identified resources for potential candidates for the pilot program. Under separate cover, each regional office was sent a list of veterans in their jurisdiction for whom a vocational objective had been determined to be infeasible during the calendar years 1976 through 1980. This circular also provided the regional offices with the locations and telephone numbers for DM&S (Department of Medicine and Surgery) independent living centers, spinal cord injury centers and blind rehabilitation centers. This was part of the general coordination with DM&S described in paragraph 4(a) of this section. Other resources identified included veterans service organizations, non-VA independent living programs and the state vocational rehabilitation program.

3. Inservice Training. During FY 1982, three week-long regional VR&C Officer training conferences were held. Each VR&C Officer was required to participate in one conference. Approximately one-third of each conference was spent on independent living. Appendix E of this report provides an outline of the independent living training provided to the VR&C Officers. Regularly scheduled quarterly conference calls were also used to provide new information and answer questions pertaining to independent living.

4. Coordination of Independent Living Activities. From the outset, coordination was undertaken with DM&S and the State-Federal program of vocational rehabilitation to ensure availability and utilization of all community and VA services in fulfilling the goals and mission of the pilot program of independent living services.

a. Coordination with Department of Medicine and Surgery. The objectives of coordination with DM&S were to encourage the referral of veterans in long-term care for participation in the independent living program by DM&S elements responsible for such long-term care and to facilitate the provision of services by DM&S for veterans participating in or being considered for participation in the program. Central Office VR&C Service staff members in DVB (Department of Veterans Benefits) reviewed the provisions, policies and procedures of the pilot program with the Agency Task Force on Independent Living and separately with DM&S Nursing Service, Social Work Service, Rehabilitation Medicine Service and Spinal Cord Injury Service through a series of conference calls. DVB and DM&S have jointly pursued the development of training materials and outreach activities related to the independent living program. Continuous coordination with various DM&S elements has been maintained to ensure an integrated approach to the provision of independent living services.

b. Coordination with the State-Federal Program. The primary objective of coordination with the State vocational rehabilitation

agencies was the utilization of State rehabilitation centers and agencies providing independent living services.

c. Veterans Service Organizations. The veterans service organizations have shown an interest in the independent living program from its inception and an effort has been made to keep them apprised of developments in the program. Many of these organizations were consulted when DVB Circular 28-80-3, Appendix O was being written. They have also been provided with periodic updates on participation and the administration of the program.

D. Legislative Requirements. Section 1520, title 38, U.S. Code, authorizes the establishment of a pilot program of independent living services for veterans for whom the achievement of a vocational goal is not reasonably feasible. Section 1520(a) establishes the conditions under which the program is to be implemented. The steps taken by the VA to assure that the program was conducted in accordance with these provisions are summarized below.

1. Requirement. A program of independent living services and assistance shall consist of such services described in section 1504(a) and (b) as are determined necessary to achieve maximum independence in daily living. Such veterans shall have the same rights to an individualized written rehabilitation plan of services and assistance as are afforded the veterans under section 1507.

VA Program. An IILP was developed for each veteran identified as a potential candidate for the independent living pilot program. The services and assistance needed to achieve the goals of the IILP are identified in each plan and the means through which services are to be provided is described.

A case manager authorizes or arranges the services which may be furnished under chapter 31. The services which may be authorized include all services furnished to veterans in a vocational rehabilitation program, including a monthly living allowance, and additional assistance only available to veterans in programs of independent living services. These services may be furnished through arrangements with an existing single program of independent living services or more commonly through a number of agencies and organizations, including VA and non-VA programs of independent living. Such integration of services from a number of sources is identical with the process followed in the preparation of individualized written rehabilitation plans for vocational training and services.

Analysis. The requirement that pilot program participants be provided services which may be authorized under 1504(a) and (b) and be furnished an individualized rehabilitation program has been met.

2. Requirement. A veteran shall be eligible for a program of independent living services only when it is determined that he or she has a compensable service-connected disability as described in

section 1502(1)(A), title 38 U.S. Code and when it is also determined (under section 1506(d), title 38, U.S. Code) that the achievement of a vocational goal is not reasonably feasible and when such a veteran is selected as a pilot program participant under policies and procedures established by the Veterans Administration.

VA Program. The determination of eligibility and entitlement to a program of independent living services is made in the same manner as for other veterans requesting assistance under chapter 31. Establishment of basic entitlement to assistance under chapter 31 requires the existence of a compensable service-connected disability and the finding of an employment handicap. The reasonable feasibility of vocational rehabilitation is determined in the course of an initial evaluation, to the extent that this decision can be made at that time. If the determination of the reasonable feasibility of vocational rehabilitation cannot be made during the initial evaluation, an extended evaluation of up to twelve months, or more in certain cases, may be authorized. The purpose of the extended evaluation is to determine whether the achievement of a vocational goal or the achievement of increased independence is reasonably feasible.

A decision as to the reasonable feasibility of vocational rehabilitation is made when necessary information is available, but no later than the end of the extended evaluation. The decision is made by the counseling psychologist, with the advice and assistance of the VRP (Vocational Rehabilitation Panel). The VRP is a

multi-disciplinary body composed of professional staff from DVB and DM&S. The purpose of the panel is to provide technical assistance in planning rehabilitation programs for seriously disabled veterans. When vocational rehabilitation to employment is not found to be reasonably feasible, the veteran's situation is considered in relation to the criteria listed below to evaluate whether the veteran's participation in a program of independent living services will lead to a substantial increase in the veteran's level of independence. These criteria include:

(a) The veteran's disability must be interfering with or preventing maintenance of maximum independence in daily living;

(b) The veteran must exhibit potential for favorable change in critical functions such a mobility, communication or self-care;

(c) The veteran must possess the physical, emotional and intellectual capacity or potential to carry out the demands of an independent living program;

(d) The deteriorative aspect of the veteran's disability should not be more rapid than the rehabilitation process; and

(e) The veteran must be motivated to achieve independent living goals.

If these criteria are met, an IILP is prepared and the veteran's

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records are forwarded to the Regional Field Director in Washington. The veteran's rehabilitation plan may be approved and services authorized following concurrence by the Regional Field Director.

Analysis. The requirements of the law for participation in the pilot program (i.e. existence of a compensable service-connected disability and a determination that a vocational goal is not reasonably feasible) have been incorporated into the procedures by which veterans are selected for participation in the pilot program. These procedures also include specific criteria to determine a veteran's ability to substantially increase his or her level of independence in daily living.

3. Requirement. To prescribe programs of independent living services and assistance for eligible veterans in various geographic regions.

VA Program. The pilot program of independent living was established at each VA regional office as an integral part of the services provided veterans under the VA vocational rehabilitation program.

Analysis. The establishment of the pilot program of independent living at each regional office has resulted in program participation for veterans in 50 of the 58 VA regional office areas of jurisdiction.

4. Requirement. The VA shall, to the maximum extent feasible, include eligible veterans who are receiving long-term care in Veterans Administration hospitals and nursing homes with which the VA contracts for the provision of care to veterans.

VA Program. The identification of veterans in the type of facilities described above was conducted in conjunction with staff of the responsible services in the Department of Medicine and Surgery. The policies and procedures being developed to implement the pilot program were reviewed on a continuing basis with the Agency Task Force on Independent Living. The role of the Task Force was to facilitate the development of independent living services in the Veterans Administration. The composition of the Task Force included those services in DM&S and DVB which were directly involved either in the identification of veterans needing independent living services or in the provision of such services as a part of this program. In addition, continuing coordination has been established by DVB with those services within DM&S with direct responsibility for long-term care of veterans. Staff of both departments have cooperated with in-service training activities, particularly through a series of telephone conferences between Central Office and field station staff members.

On the basis of such discussion and review, a specific procedure was developed to simplify and systematize the referral process. Under this procedure a veteran identified by DM&S staff members for possible participation in the independent living program should be referred to the DM&S case manager or designated liaison

contact. The DM&S case manager then notifies the VR&C Officer in the regional office of jurisdiction. A completed application for assistance under chapter 31 and relevant information generally accompanies the referral. The veteran's case is then followed up by VR&C staff members.

Analysis. A number of actions were taken to establish the basic conditions which would promote the participation in the independent living program of veterans in long-term care facilities within DM&S or who were being provided such care under contract with the VA. These activities included participation in an agency task force with responsibility for enhancing the provision of independent living services, continuance of liaison with specific services in DM&S which have special responsibility for long-term care, and the development of specific procedures for the referral of veterans identified as potential candidates for the IL program. The outcome of these efforts through March 31, 1984, is discussed in Chapter V of this interim study.

5. Requirement. Programs of independent living and assistance shall be initiated for no more than five hundred veterans in each of the fiscal years 1982 through 1985, and the first priority of such programs shall be afforded to veterans for whom the reasonable feasibility of achieving a vocational goal is precluded solely as a result of a compensable service-connected disability.

VA Program. As indicated in section C2 of this chapter, the initial response to the availability of a program of independent

living services was limited. Additional actions were required, including establishment of IL participation goals for each regional office, instruction on resources for identifying potential candidates for the pilot program, and development of procedures for coordination with the Department of Medicine and Surgery and veterans organizations. The primary focus of these outreach efforts was the identification of veterans with the most severe service-connected disabilities who could benefit from a program of independent living services. Generally, such veterans living in the community were contacted by phone. If the veteran was homebound, personal contact with the veteran at his or her home was made. Personal contact with veterans in VA facilities was arranged through DM&S staff as necessary. The procedures followed are described in DVB Circular 28-82-5, Identifying Potential Candidates for the Pilot Program of Independent Living Services (appendix C). The number of applicants for the pilot program increased as a result of this effort. There have been 188 entrants into the pilot program since FY 82. Of this number 70 entered during FY 82, 92 during FY 83, and 26 during the period from October 1, 1983, through March 30, 1984, when data collection for this interim study was terminated.

Analysis. When participation in the pilot program did not initially develop as expected, actions were taken to assure that severely disabled veterans who could reasonably be expected to benefit from such programs were made aware of the program and assistance for applying was furnished. These efforts resulted in

increased applications. As the extent of participation is considered a matter of general interest, such information has been included in the Administrator's Annual Report and Congressional hearings for FY 82 and FY 83.

6. Requirement. During fiscal years 1982 through 1985, the VA under contracts with public or nonprofit agencies or organizations, or through the facilities of the Department of Medicine and Surgery, which possess a demonstrated capability to conduct programs of independent living services, shall provide programs of independent living services.

VA Program. VA policy requires that contracts for services with agencies or organizations providing comprehensive independent living services are limited to those agencies which have a demonstrated capacity to provide such services. It is recommended that only those programs offered by non-VA facilities which are accredited by CARF (Committee of Accreditation of Rehabilitation Facilities) or those which are state licensed be utilized. Contracts with profitmaking agencies are precluded.

The Independent Living Centers at the following DM&S facilities have been approved for use under chapter 31: Topeka, Kansas; Brentwood, California; Wood, Wisconsin; Northport, Long Island, New York; Richmond, Virginia; and Little Rock, Arkansas.

Contracts for specific independent living services such as attendant service may be arranged through qualified individuals if

unavailable through established independent living programs or centers. Services not considered independent living services such as regular medical care treatment are provided in the same manner as for other veterans under chapter 31.

Analysis. Instructions for provision of independent living services adhere to the provisions of law. Instructions for provision of services also consider those cases in which discrete services are needed from a number of sources, rather than through one service provider.

E. Congressional Oversight. Information on the implementation of the pilot program has been included in VA testimony concerning the administration of the vocational rehabilitation program and in the Administrator's Annual Report.

III A STUDY OF THE PILOT PROGRAM INDEPENDENT LIVING SERVICES

A. Overview. The balance of this report is devoted to the study of the independent living services program as required by Section 1520(b), 38 U.S.C. Chapters III, IV and V describe the methodology employed and the data obtained and present the analysis of the data collected. Chapter III presents the methodology which was developed to conduct the study. Chapter IV of this study describes the data secured through March 31, 1984, and the instruments used to gather the data. Chapter V analyzes and discusses the data obtained through March 31, 1984.

As noted in the letter of transmittal, it was determined that an insufficient number of veterans had completed the program to provide a basis for sound recommendations and conclusions. It is expected that approximately 150 veterans will have completed their programs by March 1985. A supplemental study based on the data then available will be submitted by May 31, 1985, to fulfill the requirements of the study which cannot be properly met at present.

B. Protocol for the Study. To comply with section 1520(b), program goals have been established and used as bases for studying the accomplishments and cost-effectiveness of the pilot program of independent living services. These goals are presented in appendix F of this report.

1. Assessing Functional Changes. To study the extent to which severely disabled veterans have achieved and maintained greater independence in daily living as a result of participation in the program, it was necessary to establish a means of measuring or evaluating behavior before and after services are provided.

a. Review of Assessment Instruments Led VA to Produce Its Own Assessment Instrument. A literature review revealed no suitable measure or functional assessment instrument being used to determine client change in functioning although several instruments being tested showed some promise. One particularly promising instrument required extensive inservice training which was precluded because such training would have delayed implementation of the program. In addition, preliminary testing on all the instruments in use had been conducted only for non-veteran vocational rehabilitation clients. The VA decided to develop its own functional assessment instrument for two reasons:

(1) Such a tool could be clinically useful to staff members when developing rehabilitation plans and could thus serve two purposes, and

(2) Existing instruments emphasized work-related functioning rather than independent functioning in the community.

b. Assessment Instrument Limitations. Although the VA developed an instrument to assess functional client changes in the areas of community independence, the instrument has limitations.

Due to time constraints, this instrument, "Independent Living Evaluation Counseling Record" (see appendix G), could not be tested for validity or reliability. Items on the Independent Living Evaluation form were selected from other existing functional assessment instruments whenever possible. Other items were designed to meet the needs of the VR&C staff members dealing with a distinctive client population; i.e., veterans. The instrument was field tested and confusing items were dropped or revised. In general, staff reported few concerns with the instrument. By administering the Independent Living Evaluation Counseling Record form at the time of a veteran's acceptance into the program, at one-year intervals of program participation, at program termination, and six months after termination, the general trends of an individual veteran's change in functioning over time should be evident. Any group changes should also become apparent.

2. Evaluating Cost-Effectiveness of the Pilot Program

a. Program Costs. To determine the actual costs of the pilot program, three factors are considered:

(1) Staff time. VR&C field staff time used;

(2) Program expenses. Funds spent for contracts and other expenditures to provide services, including beneficiary and employee travel; and

(3) VA benefits. Use of VA benefits, relevant to the veteran's independent living needs, for which the veteran had prior entitlement, but of which he or she did not have knowledge before entering the pilot program or was unable to take advantage of the benefit because of his or her disability.

b. Determination of Program Costs. VR&C staff time and program expenses will be obtained by using the "Cost Accounting Record" (Appendix H), which is to be completed by the VR&C staff each time they contact the veteran or expend funds from General Operating Expenses (travel) or Readjustment Benefits appropriations as part of the veteran's independent living program. In addition, as the veteran becomes more independent, he or she may be able to utilize VA benefits that were precluded when the veteran was more dependent. This increased use of benefits may be considered an indirect cost of the program to the VA. These costs will be recorded on the "Record of Other Entitlements" (Appendix I), and analyzed to determine their impact on total program costs. This use of other VA benefits to which the veteran was entitled but could not use prior to entering the program may be considered a positive outcome of the Pilot Program. It provides the veteran the opportunity to live in a manner similar to those less handicapped.

(1) Medical Care Expenses Not Included in Program Costs. The cost of medical care for a veteran who is participating in the Pilot Program is not included as an expense. This medical care would be provided veterans whether they were in the program or

not. Therefore, for purposes of the study, medical care services are not to be costed unless the care is considered by VR&C staff members solely to enhance independent living.

(2) Institutional Costs. To determine the extent to which costs of care in hospital, nursing home and domiciliary facilities have been and may be avoided as the result of the pilot program, the following factors have been monitored:

(a) Changes in Level of Care. Changes in level of care from program entrance to program termination will be monitored. This will permit a calculation of actual cost savings realized, if any. For example, if a participant resided in a contract nursing home at program start, but resided in an apartment at program termination, there could be a cost savings realized.

(b) Decreased Dependence on Institutions. The total number of days spent in institutional facilities for six months prior to program admission, during the six months prior to program termination, and during the six-month period after program termination will be monitored for each veteran. This monitoring will permit calculations to determine what impact pilot program participation has had on a veteran's need for institutional residence. While this analysis is similar to the level of care changes noted in subparagraph a. above, it acknowledges that any trend in decreased institutional care could be a cost savings.

C. Methodology. Data collection has been accomplished through the use of specially developed forms identified below and discussed elsewhere in this report. The collection of the data will be the responsibility of VR&C field staff members, who will submit all data to Central Office. Central Office will have the responsibility for tabulating and analyzing the data.

1. Data Collection. Demographic data have been obtained through use of "Independent Living Demographic Data" form (see appendix J) on all pilot program referrals to Central Office.

a. Ineligibles. Veterans who are not accepted for the program are followed up after 12 months to determine what services, if any, were received by the veteran during the 12 months. The "Follow-up of Pilot Program Ineligibles" form (see appendix K) will be used for this purpose.

b. Eligibles

(1) Functional Assessment. For those veterans accepted for the program, the "Independent Living Evaluation Counseling Record" and the "Modified Quality of Life" form (see appendix K), are obtained at the outset, at 12-month intervals, at the time of program termination, and 6 months following termination.

(2) Individual Independent Living Plan. A copy of the Individual Independent Living Plan will be obtained at the outset and reviewed as necessary, but no less often than annually.

(3) Cost evaluation. During program participation, VR&C field staff members will record costs on the "Cost Accounting Record" and the "Record of Other VA Entitlements."

(4) Termination. When a veteran's participation in the program is terminated, the "Pilot Program Termination Profile" (see appendix N) will be completed.

2. Treatment of the Data. The data collected from VR&C field staff members will be used to determine if the preestablished goals for the program have been met. These goals are identified in appendix F.

IV INTERIM STUDY DATA

A. Purpose. This interim study provides a full accounting of the accomplishments and cost factors relating to the pilot program of independent living services as specified in section 1520(b)(1). Based on data available from November 4, 1981, the beginning of the program, through March 31, 1984, the study specifically addresses the following variables:

1. A description of the veterans approved for participation;

2. The changes in functional abilities to live independently for those program participants who have completed one year of services (changes may provide an indication of the overall accomplishments of the program); and

3. The costs involved in providing services under the pilot program for the program participants who have completed one year of services.

B. Study Format. To conduct the interim study, detailed data were collected on all veterans considered for participation. Data collection was accomplished through the use of the forms identified in chapter III above. The collection of the data was the responsibility of VR&C field staff members. The data were then submitted to VA Central Office for compilation and analysis.

1. Data Collection for All Candidates. VR&C field staff members were responsible for forwarding the following material to Central Office for all candidates:

a. A copy of the referral memorandum to the VRP (Vocational Rehabilitation Panel);

b. A copy of the VRP recommendations;

c. A copy of the most recent VA Form 21-6796, Rating Decision;

d. A copy of any other material deemed necessary for a comprehensive case review; and

e. The demographic data which were obtained on all referrals through use of the "Independent Living Demographic Data" form (see appendix J) and by case review.

2. Data Collection for Eligibles

a. Level of Independence and Self Evaluation. For each veteran approved for participation, copies of the "Independent Living Evaluation Counseling Record" (see appendix G) and the "Modified Quality of Life" forms (see appendix L) were obtained at program entrance and at the conclusion of one year of participation.

b. Individualized Rehabilitation Plan. For each veteran accepted into the program, an IILP (Individualized Independent Living Plan) on VA Form 28-8872 (see appendix M) must be developed. This IILP must be submitted to Central Office upon request.

c. Cost Evaluation. For each veteran who has participated in the pilot program for at least one year, VR&C field staff members have recorded costs on the "Cost Accounting Record" (see appendix H).

C. Interim Study Goals. As a means of studying program accomplishments and cost-effectiveness, program goals were established for the interim study. These goals and the methods used to achieve them are discussed below.

1. Goal 1. To determine if there was change in the level of independence for those veterans who received at least 12 months of services in the pilot program. Each veteran's level of independence in specific activities was evaluated at program entrance and following at least one year of participation in the program. Items on the "Independent Living Evaluation Counseling Record" were used to evaluate the change in level of independence for each activity as described below.

Activity	Level of Independence (Items on the "Independent Living Evaluation Counseling Record (see appendix G) used to evaluate the activity and the criteria for increased level of independence.)
Activities of Daily Living	Increase of a total of 4 or more points on Items 4-9.

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Independent Living Skills	Increase of a total of 6 or more points on items 10-20.
Household Maintenance	Increase of a total of 4 or more points on items 22-29.
Social/Recreational	Increase of a total of 4 or more points on items 30-38.
Educational/Vocational	Increase of a total of 2 or more points on items 39-42.
Independence in Home	Increase of a total of 2 or more points on items 45-46.
Mobility Skills	Increase of a total of 2 or more points on items 47-49.
Communication Skills	Increase of a total of 2 or more points on items 50-53.

2. Goal 2. To determine if program participants perceived an improvement in the quality of their lives as indicated by a decreased score on selected items of the "Modified Quality of Life Scale" (see appendix L) from program start to 12-month program review. This scale was designed to provide information about how

a person subjectively views the quality of his or her life. The items on the "Modified Quality of Life" scale are rated on a 7-point scale, 1 being "Great" and 7 being "Lousy." The items used for comparison are:

(1) My day is:

(2) My job is:

(3) My leisure time is:

(4) My environment (where I live, home, neighborhood, weather) is:

(5) My eating is

(6) My sleep is:

(7) My income/money is:

(8) I get along with my children:

(9) I get along with the man/woman I love:

(10) I get along with other people:

(11) My emotional well being is:

3. Goal 3. Tc assess veterans' satisfaction with services provided in the pilot program as reflected in responses to question 24 on the "Modified Quality of Life" Scale. Question 24 reads as follows:

> How satisfied am I with services I have received from the Vocational Rehabilitation and Counseling Division? (Check one)
>
> | VERY SATISFIED | | NOT SATISFIED OR DISSATISFIED | | VERY DISSATISFIED |
> |---|---|---|---|---|
> | 1 ___ | 2 ___ | 3 ___ | 4 ___ | 5 ___ |

4. Goal 4. Establish training costs for veterans who have participated in the program for one year. These costs were established through use of the Cost Accounting Record (see appendix H).

D. Results. This section presents the data collected from November 4, 1981 through March 30, 1984, on all veterans referred for participation in the pilot program. For those veterans who completed at least one year in the program prior to March 30, 1984, data relating to change in their level of independence and costs of providing services is also presented. All tables referred to in subsections 1 and 2 below can be found at the end of this chapter.

1. Program Referrals

a. VR&C Case Records. Table 1 provides basic statistics on pilot program referrals to VR&C Service at Central Office from November 4, 1981, the inception of the program, through March 30, 1984. These data were obtained from Central Office review of case record materials. These materials were submitted by VR&C field staff members when a veteran was under consideration for participation in the pilot program.

b. Demographic Data. The demographic data described in Table 2 were obtained from the Independent Living Demographic Data form. These forms were obtained for 163 of the total 188 veterans who were approved for the pilot program from November 4, 1981 through March 31, 1984. The data presented in Table 2 were computer tabulated and there are some discrepancies between these figures and those presented in table 1. These discrepancies are primarily a consequence of:

(1) Differences between the actual dates when data were counted; and

(2) Due to a computer processing problem, data counts for all the demographic variables were not obtained.

Table 2 presents an analysis of 163 veterans by race or national origin, educational level, marital status, employment, place of residence and numerous other factors.

2. Program Accomplishments. Changes in the veteran's ability to live independently are presented in Table 3 for 64 program participants who have completed one year or more in an independent living program. Both the number and percent of veterans showing changes in level of independence after one year in the program are presented. Eight separate areas of independent living are addressed. Table 3 also provides data on the number of veterans who did not show changes in the areas studied. Table 4, Veterans Self Reported Change in Quality of Life, and Table 5, Veterans Satisfaction with Services, present the veteran's evaluation of his or her quality of life and satisfaction with the services furnished respectively.

3. Program Costs. The costs involved in providing services under the pilot program to the 64 participants who have completed one or more years under the pilot program are presented in Table 6, Program Costs.

TABLE 1
DATA ON VETERANS REFERRED FOR PILOT PROGRAM PARTICIPATION
FROM NOVEMBER 4, 1981 THROUGH MARCH 31, 1984

1A. Action on Referrals

Referrals		Total
Number of Veterans Referred		262
Number Approved		
Approved Upon Initial Referral	164	
Initially Disapproved, but Later Approved	24	
Total		188
Number Never Approved		74
Closures		
Completed Program		20
Did Not Complete Program		20
Approved But Never Entered Program		15
Death (FY 1982 to date)		6
Total Closures		61
Number of Current Participants		127

1B. Reasons for Non-Approval

Reason	Not Approved	Initially Disapproved But Later Approved
Vocational Rehabilitation Is or May Be Feasible	46	8
Additional Case Development Required	14	13
Other (such as not medically feasible for Pilot Program)	14	3
Total	74	24

TABLE 1 (Con.)

1C. Approval/Non-Approval Rate for 100% Service-Connected Evaluations

	Approved		Non-Approved	
	Number	Percent	Number	Percent
100% Evaluation	161	85.6	42	56.8
Less Than 100% Evaluation	27	14.4	32	43.2
Total	188	100	74	100

1D. Distribution of Service-Connected Evaluations

Degree of Disability	Number Approved	Number Non-Approved
10	0	0
20	0	0
30	0	4
40	0	1
50	1	9
60	3	7
70	12	11
80	6	0
90	5	0
100	161	42
Total	188	74

1E. Diagnostic Groupings

	Approved		Non-Approved	
	Number	Percent	Number	Percent
Physical Conditions	144	76.6	57	77
Psychiatric Conditions	44	23.4	17	23
Total	188	100	74	100

TABLE 1 (Con.)

1F. Primary Disability

Primary Disability	Number Approved	Number Non-Approved
Organic Brain Syndrome		
Due to Trauma	45	11
Other	15	7
Spinal Cord Injury		
Paraplegia	0	1
Quadraplegia	10	7
Neurological		
Multiple Sclerosis	28	9
Other	17	2
Psychiatric		
Schizophrenia	41	12
Other	3	5
Other	29	20
Total	188	74

1G. Age Distribution

Age	Approved		Non-Approved	
	Number	Percent	Number	Percent
19 or younger	0	0	0	0
20-29	49	26.1	14	18.9
30-39	56	29.8	30	40.5
40-49	28	14.9	12	16.2
50-59	36	19.1	10	13.5
60-69	19	10.1	7	9.5
70 or older	0	0	1	1.4
Total	188	100	74	100

1H. Age Summary

	Approved		Non-Approved	
	Number	Percent	Number	Percent
19-39	105	55.9	44	59.5
40-70	83	44.1	30	40.5
Total	188	100	74	100

TABLE 1 (Con.)

II. Sex

	Approved		Non-Approved	
	Number	Percent	Number	Percent
Male	171	91	72	97.3
Female	17	9	2	2.7
Total	188	100	74	100

TABLE 2
DEMOGRAPHIC DATA ON PROGRAM PARTICIPANTS (N=163)[1]

2A. Race or National Origin

Race/National Origin	Number	Percent
Asian/Pacific Isle	3	1.8
Black, Not Hispanic	23	14.1
Hispanic	4	2.5
American Indian/Alaskan Native	2	1.2
White, Not Hispanic	123	75.5
Unknown	8	4.9

2B. Educational Level

Highest Level Completed	Number	Percent
4 Years or Less	1	.6
Between 5 and 8 Years	4	2.5
H.S. Incomplete	19	11.7
H.S. Completed	84	51.5
Post H.S. (Non-College)	9	5.5
1-3 Years College	22	13.5
College Graduate	6	3.7
Some Graduate School	8	4.8
Graduate Degree	4	2.5
Unknown	6	3.7

Summary	Number	Percent
High School or Less	108	66.3
Post Secondary-Noncollege	9	5.5
Post Secondary-College	40	24.5
Unknown	6	3.7

TABLE 2 (Con.)

2C. Marital Status

Specific Category	Number	Percent
Married	54	33.2
Cohabitating	3	1.8
Widowed	3	1.8
Divorced	21	12.9
Separated	6	3.7
Never Married	70	42.9
Unknown	6	3.7

Summary	Number	Percent
Married/Cohabitating	57	35.0
Single (Divorced, Widowed, Separated, Never Married)	100	61.3
Unknown	6	3.7

2D. Highest Level of Employment Reported

Employment Type	Number	Percent
Never Employed	30	18.4
Unpaid Worker	2	1.2
Pre-Vocational Training	1	.6
Sheltered Employment	4	2.5
Transitional Employment	10	6.1
Competitive Employment, Part-time	26	16.0
Competitive Employment, Full-time	84	51.5
Unknown	6	3.7

Summary	Number	Percent
Never Employed or Unpaid Worker	32	20.4
Sheltered Employment or Sheltered Training	15	9.6
Competitive Employment	110	70.0
Unknown	6	3.7

TABLE 2 (Con.)

2E. Length of Time Since Participant Last Worked for Pay

Years Since Last Worked for Pay	Number	Percent
Under One Year	3	1.8
One to Two Years	7	4.3
Two to Five Years	25	15.3
Five to Ten Years	30	18.4
Ten to Twenty Years	43	26.4
Twenty or More Years	15	9.2
Never Employed	32	9.7
Unknown	8	4.9

2F. Residence at Program Approval

Residence	Number	Percent
VA Medical Center	8	4.9
VA Extended Care Facility[2]	3	1.8
VA Contract Nursing Home-Private[3]	5	3.1
VA Contract Nursing Home-State[3]	1	.6
VA Transitional Facility[4]	1	.6
VA Supervised Indefinite Stay[5]	1	.6
Non-VA Extended Care Facility[2]	2	1.2
Non-VA Transitional Facility[4]	2	1.2
Non-VA Supervised Indefinite Stay Facility[5]	4	2.5
Own Home With Attendant	87	53.4
Own Home - No Attendant	37	22.7
Unknown	12	7.4

Summary	Number	Percent
Institutional[6]	27	16.6
Own Home with Attendant	87	53.4
Own Home-No Attendant	37	22.7
Unknown	12	7.3

TABLE 2 (Con.)

2G. Number of Weeks Institutionalized During 6 Months Prior to Program Approval

Type of Institution	Number	Weeks (Median)
VA Medical Center	40	5.0
VA Extended Care Facility[2]	4	3.5
VA Contract Nursing Home (State & Private)[3]	8	6.0
VA Transitional Facility[4]	2	4.0
VA Supervised Indefinite Stay Facility[5]	2	6.0
Non-VA Hospital	9	4.0
Non-VA Extended Care Facility[2,4]	4	6.0
Non-VA Transitional Facility[4]	8	5.0
Non-VA Indefinite Stay Facility[5]	2	6.0
Total[7]	79	

[1] Total for each demographic may vary as data were unavailable.

[2] Extended Care Facility - Refers to a non-time-limited, residential facility which provides a high level of nursing care, but which is not an acute care facility. Provides long-term care. (Examples: nursing home or intermediate medical ward).

[3] Contract Nursing Home - VA contract with state or private agencies. Provides long-term care.

[4] Transitional Facility - Refers to time-limited, rehabilitation oriented, residential facility. (Examples: halfway house/ rehabilitation center, independent living program, spinal cord injury unit, and blind rehabilitation unit).

[5] Supervised Indefinite Stay Facility - Refers to residential program which is primarily maintenance (not treatment) oriented, not time limited and provides some supervision. (Examples: group home, foster home, residential care home).

[6] Includes veterans residing in VA Medical Centers, VA extended care facilities, VA contract nursing homes, private nursing homes, transitional facilities, and supervised indefinite stay facilities.

[7] Of 163 veterans, only 79 reported being institutionalized at some time during the 6 months prior to program approval.

TABLE 3
NUMBER & PERCENT OF VETERANS SHOWING CHANGES
IN LEVEL OF INDEPENDENCE AFTER ONE YEAR IN PROGRAM (N=64)

3A. Changes by Area

Individual Area	Increased Independence[1]		No Increase	
	Number	Percent	Number	Percent
Activities of Daily Living[2]	23	35.9	41	64.1
Independent Living Skills[3]	17	26.6	47	73.4
Household Maintenance[4]	19	29.7	45	70.3
Social/Recreational	19	31.1	42	68.9
Educational/Vocational	17	29.6	47	73.4
Residence[5]	24	37.5	40	62.5
Mobility Skills	25	39.1	39	60.9
Communication Skills	35	54.7	29	45.3

3B. Number of Veterans Showing Changes In Level of Independence In More Than One Area

Number of Veterans	Number of Different Areas in Which Change in Level of Independence Was Shown[1]	Percent
4	0	6.3
4	1	6.3
9	2	14.1
18	3	28.1
8	4	12.5
8	5	12.5
7	6	10.9
6	7	9.3
Total 64		100

3C. Veterans Showing Change in Level of Independence[1]

Direction of Change	Number	Percent
No Change or Decrease	4	6.3
Significant Increase	60	93.7
Total	64	100

[1] Only those changes which meet the criteria for a significant change are reported. See chapter III, C.

[2] Need for assistance in eating and personal hygiene.

[3] Need for assistance with shopping, cooking, budgeting, cleaning.

[4] Frequency with which veteran shops, cooks and cleans and completes money management activities.

[5] Amount of personal care assistance provided in residence.

TABLE 4
VETERAN'S SELF REPORTED CHANGE IN QUALITY OF LIFE (N=55)

Reported Change	Number	Percent
Improved	36	65.6
No Change	6	10.8
Worse	13	23.6
Total	55	100

TABLE 5
VETERAN SATISFACTION WITH SERVICES (N=63)

Level of Satisfaction	Number	Percent
Satisfied or Very Satisfied	46	73.0
Neither Satisfied or Dissatisfied	14	22.2
Dissatisfied or Very Dissatisfied	3	4.8
Total	63	100

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TABLE 6
PROGRAM COSTS (N=64)

Cost in Dollars[1]	Number of Veterans
0	7
1-500	32
501-1,000	4
1,001-1,500	1
1,501-2,000	4
2,001-2,500	5
2,501-3,000	1
3,001-3,500	1
3,501-4,000	1
4,001-4,500	1
4,501-6,500	0
6,501-7,000	1
7,001-9,000	0
9,001-9,500	1
9,501-10,000	1
10,001-10,500	1
10,501-25,000	0
25,001-30,000	1
30,001-35,000	1
35,001-65,000	0
65,001-70,000	1
Total $206,980	64

Average Cost (Median) $ 230.50
Average Cost (Mean) $3,234.06

[1] For purposes of this report, costs were based upon actual costs of equipment, supplies and services authorized and contracted. These figures also include staff travel costs calculated at 20 cents a mile plus tolls and parking fees. Subsistence payments were not included.

V DISCUSSION AND CONCLUSIONS

A. Overview. This chapter provides a discussion of the IL (independent living) study results presented in chapter IV as they relate to the legislative requirements specified in 1520(b), Title 38 U.S.C. This discussion includes:

1. A description and analysis of veterans referred for program participation;

2. The demographic characteristics of 188 program participants; and

3. The legislated study requirements, including:

a. Changes in independent living capabilities for 64 veterans in IL programs for at least one year; and

b. Program costs for veterans pursuing independent living programs during the first year of this program.

B. Discussion of Results

1. Referrals. A total of 286 veterans were referred by VR&C field staff members to Central Office as potential candidates for

the pilot program of independent living services between November 4, 1981, and March 30, 1984. Of the 262 veterans referred, 188 (72 percent) were approved and 98 (37 percent) were not initially approved, (table 1A).

There were two major reasons veterans were not initially approved: In 56 cases, vocational rehabilitation was, or might be reasonably feasible; in 27 cases, additional case development was needed. Procedures allowed for the resubmission of a veteran's case following initial non-approval and there was substantial use of this option by field stations. As a result, 24 of the 98 cases initially not approved were subsequently approved for participation in the pilot program, (table 1C). These subsequent approvals are also counted in the total 188 approvals.

Of the 188 veterans finally approved for participation, 127 were actively pursuing approved independent living programs on March 30, 1984. Sixty-one cases had been closed (table 1A). Of the 61 closed cases, 20 had successfully completed their programs[1] and another 20 withdrew. Most veterans who withdrew did so because their condition worsened to an extent to make continuation impracticable.

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[1] Only four of these veterans had completed their programs in time to be provided with a six-month followup prior to the data collection cutoff date of March 30, 1984.

a. Disabilities. All veterans referred for the pilot program were severely disabled. Those approved for participation were more severely disabled by their service-connected disability than those not approved. Of the 223 veterans with a service-connected disability of 100 percent, 161 (72 percent) were approved, while of the 63 veterans with a service-connected disability evaluated at less than 100 percent disabling only 27 (43 percent) were approved. Severity of the service-connected disability, particularly when evaluated at less than 100 percent, significantly affected approval. Data on types of disability are presented in tables 1E and 1F. The predominant disability category includes damage to the central nervous system, either through brain damage, spinal cord injury, or other neurological conditions. When considering the effects of disability on vocational potential, it is revealing that 21 of the 22 veterans with spinal cord injury referred for program participation were classified quadraplegics, and only one was classified paraplegic.

Veterans with psychiatric conditions accounted for 66 (25 percent) of the 262 referrals. The approval rates for veterans with psychiatric and non-psychiatric conditions are approximately the same (65 percent).

b. Age of Veterans. The age of veterans referred as participants ranged from 20 to over 70 years. One hundred sixty-five (63 percent) of the veterans referred were below 40 years old and the balance (37 percent) were 40 or older. The age of those referred was not a significant factor affecting approval or non-approval.

c. Gender. Two hundred sixty-seven (93.4 percent) of the 286 veterans referred were male, and 19 (6.6 percent) were female. The number and percentage of female service-disabled veterans is higher than would be expected in the population of service-disabled veterans. The rate of initial approval for female service-disabled veterans is also substantially higher than for male veterans. In the initial referral, 89 percent of female veterans were approved compared to 64 percent of males approved.

d. Summary and Analysis of Referrals. Nearly 78 percent of the veterans referred for consideration for the pilot program had a service-connected disability evaluated at 100%. The primary disability types generally involved injury to or disease of the central nervous system, including the brain. While the rate of initial approval for participation in the pilot program was significantly higher for veterans with disability ratings of 100% than for those with lesser ratings, over a fourth of the referrals with a 100% disability rating were not initially approved. The major reason for nonapproval initially was the existence or possible existence of vocational rehabilitation potential. This is consistent with the general intent of the law which requires that any doubt as to the reasonable feasibility of vocational rehabilitation be resolved in the veteran's favor and that a program of vocational rehabilitation services be provided.

2. Program Participants. Of the 262 veterans referred to Central Office, 188 were finally approved for participation. Demographic data on the 188 participants in the pilot program

between November 4, 1981, and March 30, 1984, is contained in table 2. Table 2 includes information on race and national origin, educational level, marital status, employment, place of residence (community or institution) and other factors.

a. Ethnic and Educational Background. Participants include all major ethnic and racial groups (White, Hispanic, Black and Asian). Participants vary widely in educational attainment, from less than elementary school to completion of graduate degrees (table 2B). Of the 157 veterans for whom such data were available, 108 (69 percent) attended high school, and 84 (53 percent) completed high school. Forty (25 percent) had pursued some college.

b. Marital Status. The marital status of program participants at the time of entrance into the pilot program is presented in Table 2C. Approximately 100 (64 percent) of the 157 program participants for whom data were available were single, (divorced, widowed, separated, or never married) and 57 (36 percent) were either married or living together. Seventy veterans (45 percent) of the group had never married. The pattern of marital status appears significantly different than for similarly circumstanced nondisabled veterans.

c. Employment History. The majority of participants in the study for whom these data were available have a history of competitive civilian employment, although most had been out of the labor market for over five years at the time they began their pilot

program participation (tables 2D and 2E). Seventy percent of the participants had been in competitive employment while 20% had never been employed, excluding military service. Ten percent had participated in sheltered situations, generally in a sheltered workshop.

Of the 123 veterans who had been in sheltered or competitive employment, 88 (72 percent) had not been in such employment for five years or more and 56 (46 percent) had not been in any type of employment for over 10 years. Only three veterans were in any type of employment within a year of approval for pilot program participation. Therefore, employment had ceased to be a part of these veterans' lives for extended periods prior to pilot program participation.

d. Place of Residence. Program participants were predominantly living in the community in their own home with the assistance of an attendant (table 2F). One hundred twenty-four (82 percent) of the 151 veterans for whom data were available were living in the community, and 27 (18 percent) were in institutions. Of the 124 veterans in their own homes, 87 (70 percent) had attendant services. Nine types of "institutional settings" are represented in the data, including VA medical centers, VA extended care facilities, state and private nursing homes, transitional facilities and other settings. The inclusion of such varied institutional settings indicates that information regarding the program had been widely disseminated through cooperative arrangements with the Department of Medicine and Surgery.

e. Institutionalization Prior to Approval. The data indicate that program participants required a substantial amount of institutional help prior to approval for program participation (table 2C). Seventy-nine veterans were institutionalized during the six months prior to program approval. When this total is adjusted for the 27 veterans who were living in institutional settings for this entire period, there were 52 veterans who required substantial institutional care during this period. Of these 52 veterans, 40 received such care at VA medical centers, with a median period of five weeks of hospitalization. The use of institutional facilities following program participation will be one of the factors examined in the supplemental report.

3. Legislated Study Requirements. As specified in section 1520(b)(1), the study of the accomplishments and cost-effectiveness of the programs of independent living services and assistance shall include the three issues discussed below.

a. Issue 1. The extent to which such programs have met needs for comprehensive independent living services that would not otherwise have been met;

Discussion. From the time a veteran is determined to be eligible for participation in the pilot program, considerable effort is made to assure that his or her independent living needs are identified and met. VR&C field staff members are responsible to

each participant for developing a comprehensive independent living program which is subject to review by Central Office. These procedures are fully discussed in chapter II.

A review of table 7 below reveals that of the 141 program participants for whom the data is available, 1977 is the median year in which their current disability ratings were awarded.

TABLE 7

YEAR CURRENT COMPENSATION AWARDED (N=141)

YEAR	FREQUENCY	PERCENT
1946-1950	5	3.5
1951-1960	9	6.4
1961-1970	18	12.8
1971-1980	80	56.7
1981-1983	29	20.6
TOTAL	141	100.0

The available data indicate that the average participant had a serious disability which materially contributed to his or her independent living needs for six years prior to approval for participation in the pilot program. During the average six-year period prior to approval for program participation, the independent

living needs of these veterans had not been met and there is no evidence to suggest that these veterans would otherwise be provided with comprehensive independent living services.

Few of the participants requested independent living assistance from the VA. Participation in the program of independent living services was generally a result of outreach by VA personnel.

b. Issue 2. The extent to which severely disabled veterans have achieved and maintained greater independence in daily living as a result of participation in the program.

Discussion. To satisfy this study requirement, it was necessary to use objective measures with which to evaluate each program participant's achievement of greater independence in daily living and to establish criteria for improvement. As discussed in chapter III, a review of the literature revealed no available instrument or measure which would be suitable for this purpose. In addition, the literature review did not reveal any applicable outcome studies on the provision of independent living services. Consequently there were no proven models to follow.

Based on the instruments the VR&C Service developed to measure improvement in the level of independence, program goals and the methods for evaluating the goals were also established for this interim study. Although these goals are discretionary, they are thought to provide valid indications of both individual and

program trends. These goals are described in detail in chapter IV and are restated and discussed below.

(1) Goal 1. To determine if there was change in the level of independence for those veterans who received at least 12 months of services in the pilot program.

Table 3 presents data on changes in the level of independence in activities of daily living for 64 program participants who have received services for at least one year. These changes in the level of independence are measured by selected items on the "Independent Living Evaluation Counseling Record."

A participant's IILP (Individualized Independent Living Plan) identifies the specific independent living goals of his or her program. These specific goals may involve changes in some of the areas reflected in the "Independent Living Evaluation Counseling Record," such as communication skills or activities of daily living, but none in other areas, either because improvement was not needed or not possible. In reviewing the data in table 3, the fact that some veterans have improved in more areas than others does not necessarily mean that these veterans are making more progress. Rather it is generally indicative that achievement of the goals of one veteran's program may involve more or different goals than the goals of another veteran's plan. Nevertheless, the major factor emerging from table 3 is that program participants are evaluated as making significant progress in improving their level of independence. Overall, 93.7% of participants showed some

increase in their level of independence after 1 year of program participation.

Changes in specific areas of daily living are shown in table 3A. For most of the participants (34 of 64), the level of independence changed in three to five areas. Communication skills is the most common area in which change is indicated. This should be considered in relation to the substantial proportion of participants with organic brain syndrome and other disabilities which may affect the veteran's ability to communicate.

As more participants complete their programs of independent living services, it is expected that the current indications of improvement will continue to be shown. The supplemental report will provide an opportunity to further analyze the improvement by comparing those participants who discontinued prior to completing their programs with those who did complete their programs. Such a comparison will help to evaluate the impact of the program of independent living services upon changes in the level of independence.

(2) Goal 2. To determine if program participants perceive an improvement in the quality of their lives.

The data presented in table 4, Veterans Self-Reported Change in Quality of Life, indicate that participants who completed one year in the program perceived positive changes in the quality of their lives. Of the 55 veterans for whom these data are available,

36 (65.6 percent) reported an improved quality of life following one year of participation.

In contrast, however, 13 participants (23.6 percent) did report a "worse" quality of life. Although there is no readily available evidence to suggest that program participation has contributed to a perceived worsening of their quality of life, further investigation of this negative change is in order if the trend continues.

(3) Goal 3. To assess veterans' satisfaction with services provided in the pilot program.

Participant satisfaction is an important program element as it is thought to reflect not only on the services being provided, but also on the nature of the relationship between the veteran participant and the VR&C staff. Table 5 indicates that of the 64 veterans who had completed one year in the program, data relating to satisfaction with the program are available for 63 of them. Of the 63 participants, 46 (73.0 percent) indicated they were satisfied or very satisfied with the services they had been provided. Only 3 participants (4.8 percent) indicated they were dissatisfied or very dissatisfied.

The composite picture which emerges from tables 3, 4 and 5 indicates that most of the veterans who have completed one year or more in the pilot program are at least making progress toward achieving a higher level of independence. There is evidence they

perceive an improvement in the quality of their lives and generally are pleased with the services they have received.

Data available at this time do not provide a basis for evaluating the maintenance of increased levels of independence. Only four participants had completed their prescribed independent living programs in time to do a six-month followup on them prior to the data collection cutoff date of March 30, 1984. This followup is essential to an understanding of the extent to which participants maintain levels of independence acquired in the program. Such data will be available for the supplemental study.

c. Issue 3. The extent to which costs of care in hospital, nursing home, and domiciliary facilities have been and may be avoided as a result of such programs.

Discussion. As noted earlier in this section, 27 of the veterans were institutionalized at the time they were approved for participation in the program and 52 more required hospitalization during the six months prior to program approval. Considering the seriousness of the participants' disabilities, frequent medical attention may be expected. Until an adequate number of participants have completed the program and received a followup evaluation, however, the full impact of the program on health care costs cannot be determined. Nevertheless, data pertaining to program costs are discussed in paragraph 4 below.

4. Program Costs. Veterans participating in independent living programs are eligible for the same services and benefits as other veterans under chapter 31, and for certain special services not available under the vocational rehabilitation program. The VA pays for the costs of rehabilitation services authorized for the veteran's program, and a monthly living allowance based upon the rate of pursuit. The monthly allowance varies from $282 per month for a single veteran in a full-time program to $141 for half-time training; additional amounts are paid for dependents. Payment of subsistence allowance made to each veteran during the year is not included in the cost analysis for this interim study. Subsistence allowance will be computed as a cost factor in the supplemental report.

The VA pays chapter 31 service providers on a reimbursable basis following provision of the services authorized. The same policies and procedures are followed in relation to services authorized under the independent living program. Such payments are made from the appropriation for Readjustment Benefits. These costs are the basis for Table 6, Program Costs.

Services for which there is no direct charge to the Department of Veterans Benefits, such as medical care and treatment furnished by DM&S or other cooperating agencies, are not included in this cost analysis. Therefore costs indicated in table 6 were based upon actual costs of equipment, supplies and services authorized and for which contracts were made. These figures also include staff travel involved in providing services to the program participants.

Program costs for 32 (50 percent) of the 64 program participants ranged from $101 through $5000 dollars per year. These costs were less than $100 per year in 25 (39 percent) of the 64 cases. Costs exceeded $5000 per year in seven (11 percent) of cases.

VA policy requires that need for medical care and related services must be determined by VA medical staff and that services be provided through the VA before use of non-VA services can be considered. Therefore, the extensive use of VA facilities to provide necessary services for the veteran's program represents the application of established policy and should in no way be construed as a special effort to minimize costs.

The program costs discussed above does not constitute a comprehensive cost analysis. Neither does this interim study provide an evaluation of cost-effectiveness. Considerably more data will be available for the supplemental study and cost-effectiveness will be analyzed in accordance with the format discussed in chapter III.

C. Summary and Conclusions. Available data indicate the following program accomplishments through March 30, 1984:

1. A program of independent living services has been made available to veterans in need of such services and assistance at each VA regional office;

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2. Two hundred sixty-two veterans' cases have been considered for program participation;

3. One hundred eighty-eight veterans have been approved for participation in independent living programs between November 4, 1981, and March 30, 1984;

4. Twenty veterans have completed their independent living training of which four have completed the entire program, including followup.

5. One hundred twenty-seven veterans are pursuing IL programs;

6. Veterans in long-term care in VA hospitals and nursing homes are being provided programs of independent living;

7. Sixty-four veterans who have participated in independent living programs for at least one year are generally progressing satisfactorily and perceive themselves as making progress.

This interim study presents data on the program costs, but not cost-effectiveness for reasons which have been presented. The data indicate that the costs involved are generally moderate.

Based on the results of this interim study, the pilot program of independent services and assistance appears to be favorably impacting on the veterans who avail themselves of the program. If this trend continues, a program of independent living services and

assistance to veterans for whom the achievement of a vocational goal is not feasible should be included as a permanent part of the chapter 31 program.

Final recommendations for legislative changes are deferred, pending the collection of additional data and the outcome of the supplemental study.

APPENDIX A

DVB Circular 28-80-3, Appendix O,
Independent Living Services,
November 4, 1981

Department of Veterans Benefits
Veterans Administration
Washington, D.C. 20420

DVB Circular 28-80-3
Appendix 0
November 4, 1981

INDEPENDENT LIVING SERVICES

1. PURPOSE. This issue gives background information on independent living, instructs Vocational Rehabilitation and Counseling staff regarding the provision of independent living services to chapter 31 trainees and details the operation of the independent living pilot program.

2. BACKGROUND. Public Law 96-466, "Veterans' Rehabilitation and Education Amendments of 1980," directs that necessary services may be provided to enable a veteran with a service-connected disability to achieve maximum independence in daily living. Public Law 96-466 extends the mission of chapter 31 beyond training for and obtaining employment to training for and maintaining maximum independence in daily living.

3. GENERAL

a. Definition of Independence in Daily Living. Independence in daily living means the ability of a veteran, without the services of others or with reduced level of services of others, to live and function within such veteran's family and community (38 U.S.C. 1501 (2)). In this circular, the term "independent living" is synonymous with "independence in daily living." For definitions of other related terms refer to exhibit 1.

b. Goal of Independent Living. The goal of independent living programs is to increase the veteran's options and improve the quality of life for that individual. Options may be limited by skill deficits or physical, environmental or psychological factors. Limitations due to deficient living skills may be countered through training in problem-solving or in living skills (managing personal care attendants, using adaptive equipment, shopping, etc.). Technological devices (motorized wheelchair, vehicle modification, etc.) or supportive services (attendant care, health maintenance programs, etc.) may minimize physical factors which increase the veteran's dependence on others. Architectural modifications and advocacy to promote handicapped persons' rights to barrier-free access may reduce environmental problems. Peer and professional counseling may decrease psychological limitations to independence. A handicapped veteran's anxiety about discharge from an institution may be reduced by interaction with a disabled person who is successfully adjusting to community living. A relative may be more accepting of a veteran's desire for independence after family counseling.

c. Independent Living Services and the Rehabilitation Process. The aim of an independent living program is not necessarily for the handicapped individual to be able to live alone in the community with no support services. Rather, the goal is for that individual to have the skills necessary to choose an acceptable lifestyle and then be able to manage it with minimal reliance on others. Services may be required indefinitely to maintain the highest possible level of independence while enhancing the veteran's quality of life.

d. Identification of Independent Living Needs. The following are some, but not all, of the areas which should be reviewed when determining a veteran's independent living needs.

(1) Activities of Daily Living. Evaluate what assistance is required to meet daily needs of walking and movement, personal hygiene, dressing and eating.

(2) Independent Living Skills. Determine the extent to which the disabled veteran has mastered skills for independence such as coping, self-help, problem solving, assertiveness, household management, attendant management and occupational, social and recreational activities.

(3) Housing. Ascertain whether the veteran resides in an institution or requires halfway house services. Note the type of assistance (human or mechanical) required at home and the degree to which he or she is independent in or out of the home.

(4) Transportation. Establish whether the veteran is or could become mobile with specially adapted vehicles, uses community transportation, or is homebound or institutionbound.

(5) Health Maintenance. Determine how much assistance is necessary for the veteran to follow prescribed medical regimes.

(6) Motivation. Identify the independent living goals held by the veteran, assess his or her level of motivation to reach them, and determine the amount of anxiety related to achieving a more independent lifestyle.

e. Resources for Independent Living. Independent living services may be lifelong needs and may have to be met by other than the VA time-limited programs under chapter 31. Therefore, independent living services should first be provided through existing VA programs (other than chapter 31) and non-VA funding sources.

(1) VA Resources. Existing VA benefit programs and DM&S facilities may be used to meet independent living needs. Veterans should be helped to obtain those relevant benefits and services to which they are entitled.

(a) Compensation. Veterans who are disabled by injury or disease incurred in or aggravated by active service in line of duty and discharged or separated under other than dishonorable conditions may be entitled to monthly benefits which range from $58 to $1,130. Additional amounts are payable for dependents of those veterans with disabilities evaluated at 30 percent or more. For those veterans with certain severe disabilities, up to $3,223 monthly are payable.

1. Housebound. When the veteran is substantially confined to his or her home or immediate premises due to a permanent service-connected disability, an additional housebound allowance is payable.

2. Aid and Attendance. When a veteran requires the assistance of another to perform life's basic functions and to protect him or her from hazards or dangers incidental to daily life, aid and attendance benefits are payable. If the veteran requires a higher level of care, that is if not for this care, hospitalization would be required, then a higher aid and attendance allowance is payable.

(b) Pension. Veterans who served for a period of at least 90 days (one day of which occurred during a wartime period) and were released from active duty under other than dishonorable conditions and are permanently and totally disabled may be entitled to a pension. Rates

are based on the amount of countable veteran and family income and are adjusted up or down with income changes. Housebound and aid and attendance increases may also be awarded as described for compensation.

(c) Clothing Allowance. An annual allowance is payable to any veteran who, because of a service-connected disability, wears or uses a prosthetic or orthopedic appliance which tends to wear out or tear clothing.

(d) Automobiles or Other Conveyances. A one-time payment of an automobile allowance may be made if a veteran has the service-connected loss (or loss of use) of one or both hands or feet, or permanent impairment of vision of both eyes. There also is payment for adaptive equipment and for repairs, replacement and reinstallation of this equipment on subsequent vehicles.

(e) Specially Adapted Homes. Veterans with service-connected disabilities which are permanent and total because of the loss (or loss of use) of both lower extremities, blindness in both eyes and loss of use of one lower extremity, or loss (or loss of use) of one lower extremity together with residuals of organic disease or injury or loss (or loss of use) of one upper extremity which affect balance or propulsion as to preclude locomotion would be entitled to a one-time grant.

(2) Non-VA Resources. Local, State and Federal resources may be used to finance independent living services. These resources should be used whenever the veteran qualifies and the resources are relevant to the veteran's needs. Some examples are listed below:

(a) Social Security. Income to eligible retired or disabled workers.

(b) Supplemental Security Income. Cash benefits to eligible low income persons and others. Food stamp entitlement in some States.

(c) Lower Income Housing Assistance Program. Subsidies to eligible low income persons to cover the difference between their contribution to rent and actual cost.

(d) Reduced Fares, Urban Mass Transportation Act, Amended. Reduced transportation rates to eligible disabled or elderly persons if the available transportation system receives Federal funds.

(e) Medicare and Medicaid. Reimbursement of specified medical services for the eligible needy.

(3) Established Independent Living Programs. Resources include non-VA independent living programs in addition to those funding programs for discrete services. Such programs coordinate referrals or provide services necessary for disabled persons to live more independently. Service-disabled veterans may qualify for these programs and may even have a legal priority to them. Services provided vary depending upon the program. Care should be taken in the selection of such independent living programs. Programs must be sponsored by public or nonprofit agencies or organizations which have demonstrated the capability to conduct programs of independent living services for severely handicapped persons. VR&C staff should consider programs which are accredited by the CARF (Commission of Accreditation of Rehabilitation Facilities) or those which are State licensed. In most cases those independent living programs receiving funding

from RSA (Rehabilitation Services Administration) which have successfully provided services for at least 12 months should be utilized. The following DM&S Independent Living Centers also may be used: Topeka, Kansas; Brentwood, California; Wood, Wisconsin; Northport, LI, New York; Richmond, Virginia; and Little Rock, Arkansas.

4. INDEPENDENT LIVING SERVICES UNDER CHAPTER 31

a. Services Provided in Three Situations. Independent living services may be provided during extended evaluation, chapter 31 training for a vocational objective and the independent living pilot program.

b. Eligibility and Entitlement. To be eligible for independent living services under chapter 31 a veteran must meet the basic eligibility and entitlement criteria as set forth in DVB Circular 28-80-3, appendix D (38 U.S.C. 1502).

c. Initial Evaluation. The initial evaluation procedures as described in DVB Circular 28-80-3, appendix G will be followed for veterans referred, or applying directly, for the pilot program. Data relevant to the veteran's independent living needs and motivation for independent living will also be reviewed. If a veteran for whom a comprehensive analysis of independent living services needs has been completed applies directly for the pilot program, the VR&C Officer may certify, after determining that basic eligibility and entitlement criteria are met, that no additional evaluation is necessary. The VR&C Officer may then directly refer the veteran to the VRB (Vocational Rehabilitation Board) for pilot program consideration. If during the initial evaluation the CP (Counseling Psychologist) has reason to believe the veteran will need independent living services to obtain the vocational objective, consideration will be given to data relevant to independent living needs.

d. Scope of Services. Those services necessary to achieve maximum independence in daily living may be provided. Some of the independent living services which may be authorized are listed below.

(1) Training in activities of daily living;
(2) Training in independent living skills;
(3) Attendant care;
(4) Transportation;
(5) Peer counseling (when a requirement of an established independent living program);
(6) Evaluation or training in an independent living program;
(7) Housing (group, transitional or housing specifically designed to meet the needs of the handicapped).

e. Monetary Assistance. Subsistence allowance will be paid as described in DVB Circular 28-80-3, appendix H, paragraph 6. Costs or subsistence allowance may be paid in the same manner as for veterans in specialized rehabilitation facilities.

f. Travel. A special transportation allowance may be paid to a veteran who because of disability has travel expenses not incurred by a person without a disability. For additional details refer to DVB Circular 28-80-3, appendix H, paragraph 6b(2).

g. Procurement of Services. Reimbursement for authorized independent services shall be in accordance with VA Procurement Regulations, Subpart 8-95.2 (Vocational Rehabilitation and Education Program).

h. Individualized Rehabilitation Plans. When independent living services are provided, they will be incorporated in a written rehabilitation plan. During extended evaluation and training for a vocational objective, such services will be incorporated in the IEEP (Individualized Extended Evaluation Plan) and the IWRP (Individualized Written Rehabilitation Plan) in accordance with DVB Circular 28-80-3, appendix I. Documentation of independent living services provided through the pilot program will be recorded in the IILP (Individualized Independent Living Plan) detailed in paragraph 7e.

i. DM&S - DVB Linkage

(1) Referrals from DM&S. A veteran identified by DM&S staff for possible participation in the independent living pilot program should be referred to the DM&S case manager who will contact the VR&C Officer in the regional office of jurisdiction. A completed VA Form 28-1900 (Disabled Veterans Application for Vocational Rehabilitation) and supporting medical evidence should accompany the referral.

(2) Coordination with DM&S. If veterans are receiving care in a DM&S facility or it is anticipated that DM&S services will be utilized, the DM&S case manager must be consulted during the development of the written rehabilitation plan to assure that a single, coordinated plan is formulated for the veteran. When DM&S services are provided by a designated DM&S Independent Living Center, the Center team leader (or designee) also shall be consulted. A copy of the completed plan and all subsequent redevelopments of the plan will be forwarded to these persons.

5. INDEPENDENT LIVING SERVICES DURING EXTENDED EVALUATION

a. Authorization of Services. The CP may recommend independent living services during extended evaluation only when they are related to the determination of feasibility for a vocational goal. If the CP recommends such services, the VR&C Officer's concurrence must be obtained. The VR&C Officer may request consultation with the VRB if desired. If such services are determined to be necessary, this decision must be carefully documented. If reasonable feasibility for a vocational goal was determined during initial evaluation, a veteran may not be placed in extended evaluation as a mechanism to provide independent living services.

b. Duration of Services. Independent living services may be authorized until the intermediate objective specified in the IEEP is either met or revised. Independent living services may not be provided beyond the basic or additional periods of extended evaluation except as provided in paragraphs 6 and 7 (refer to DVB Circular 28-80-3, appendix H, paragraph 5).

6. INDEPENDENT LIVING SERVICES DURING TRAINING FOR A VOCATIONAL GOAL

a. Authorization of Services. Independent living services may be provided when the veteran is in a chapter 31 training program if the CP determines such services are necessary to achieve the vocational goal and if the VR&C Officer concurs. The VR&C Officer may request the opinion of the VRB if deemed necessary.

b. Duration of Services. Independent living services may be authorized until the intermediate IWRP objective requiring such services is either met or revised or until the veteran is rehabilitated to the point of employability.

c. Supervision. Supervision will follow procedures as detailed in DVB Manual M28-1, part II, chapter 4.

7. PILOT PROGRAM OF INDEPENDENT LIVING SERVICES

a. General. PL 96-466 specifies that the VA will conduct a pilot program of independent living services starting in FY82 and continuing through FY85. This program will provide independent living services for veterans (up to 500 new entrants each year) for whom it has been determined that achievement of a vocational goal is not reasonably feasible. Selection of program participants must assure geographical and disability type representation and controls necessary to evaluate the program. An inpatient veteran in a DM&S facility or in a nursing home under contract to the VA may be recommended for a program of independent living services under chapter 31.

(1) Program Evaluation Requirements. Central Office will prepare a report detailing accomplishments and cost-effectiveness of this pilot program to be sent to Congress no later than September 30, 1984. The report will recommend any legislative changes with respect to the provision of independent living services to veterans.

(2) Veteran's Understanding of Pilot Program. The veteran should be informed that even with a positive VRB recommendation for pilot program participation acceptance is not automatic. Central Office approval must be obtained and the final decision will be based, in part, on program evaluation criteria. Informing the veteran of this process and the time it will take may minimize any misunderstanding.

b. Role of the Counseling Psychologist

(1) Identification of Veterans. The CP may conclude during initial or extended evaluation that a vocational objective is infeasible and that the veteran may benefit from a comprehensive program of services directed toward an independent living goal.

(2) Prepare Referral to VRB. The CP will refer all veterans deemed likely to benefit from the pilot program to the VRB for review. The CP may request

the VRB's consultation on veterans for whom this determination cannot be clearly made. For each veteran referred to the VRB, the CP will prepare a memorandum and direct it to the chairperson of the Board. It will contain the following:

(a) Brief assessment of the veteran's motivation for an independent living program.

(b) Summary of relevant medical history which is to be accompanied by copies of the records from which the history was summarized.

(c) Program evaluation forms (see subparagraph f below).

(d) Other data which may assist the Board to make its recommendations.

The memorandum shall be received by the DM&S physician 5 working days prior to the VRB's meeting. The CP should present the case in person. Although the veteran need not be present, he or she must be informed about the meeting and a request to appear or to be represented will be honored.

(3) Implementation of VRB Recommendations. The CP will be responsible for the implementation of the VRB's recommendations. Considering the VRB's recommendations, the CP, in consultation with the veteran and the VRS, will formulate the IILP. Refer to subparagraph e below.

c. Role of VRB

(1) Determination of Feasibility of Independent Living Goals. The VRB will review the CP's recommendations regarding the feasibility of an independent living goal for the referred veteran. The VRB in deciding whether a veteran would benefit from a comprehensive program of independent living services will consider the following criteria:

(a) The achievement of a vocational goal is determined by the CP to be not reasonably feasible as shown in item 4 of VA Form 28-8871, Certification of Eligibility/Feasibility.

(b) The veteran's disability must be interfering with or preventing maintenance of maximum independence in daily living.

(c) The veteran must exhibit potential for favorable change in critical functions such as mobility, communication or self-care.

(d) The veteran must possess the physical, emotional and intellectual capacity or potential to carry out the demands of an independent living program.

(e) The deteriorative aspect of the veteran's disability should not be more rapid than the rehabilitation process.

(f) The veteran must be motivated to achieve independent living goals.

(2) Determination Decisions

(a) Recommendation for Program of Independent Living Services. If after evaluation of the referral, the VRB believes that an independent living goal is feasible for the veteran, it will recommend the veteran's inclusion in the pilot program. The VRB may recommend specific independent living objectives and services to be included in the IILP.

(b) Nonrecommendation. If the VRB believes that an independent living goal is not feasible, it will recommend that the veteran not be placed in the pilot program. Following such a recommendation, the VRB will, whenever possible, prescribe a plan to improve the veteran's condition so that entry into the pilot program may become feasible.

(c) Additional Information Needed. If the VRB believes that additional data are necessary to make a recommendation regarding the feasibility of a program of independent living services, the VRB may return the case to the CP for further development.

(3) Forward Documentation to Central Office. For all cases referred for evaluation for the pilot program and not returned to the the CP for further development, the VRB chairperson will be responsible for forwarding copies of the following to the Field Director (281B) within 7 calendar days following the VRB meeting:

(a) All data listed in subparagraph b(2) above with the exception of copies of records from which the history was summarized.

(b) Summary of VRB's recommendations.

d. Role of Central Office

(1) Approval for Inclusion in Pilot Program. To assure meeting legal mandates and to implement the program evaluation aspect of the pilot project, no veteran may be authorized to receive independent living services under the pilot program until the VR&C Officer receives Central Office notification of the veteran's acceptance.

(2) Program Evaluation. Central Office will be responsible for assuring collection of program evaluation data on all veterans referred for the pilot program. This includes those veterans referred for but not accepted for the program. Central Office will maintain a list of all veterans who were denied admittance on the basis of program evaluation criteria. If these veterans can be placed in the program at a later time, Central Office will notify the appropriate regional office.

e. IILP

(1) Scope of Services. Independent living services detailed in paragraph 4 may be provided during the pilot program. Other services which may be provided are listed in title 38, U.S. Code, section 1504. Only vocational or other training courses which are incidental to achieving intermediate independent living goals may be used as a part of the services provided under a pilot program.

(2) Duration of Services. Independent living services may be provided in the pilot program until the goals in the IILP are met or up to 24 months, whichever is the lesser period. An additional period for independent living services may be recommended by the CP and approved by the VRB. Only one additional period of up to 6 months may be granted and only if such an extension is very likely to result in significant additional gains in independence which will most likely be maintained after termination of the program. Central Office must be notified of all decisions, whether positive or negative, regarding program extension.

(3) Development of IILP. Information developed in the initial and any extended evaluation will be synthesized and organized into this individualized plan. The CP is primarily responsible for the formulation of the plan based on the veteran's needs. The CP will consult with the VRS, the VRB and other rehabilitation personnel, as appropriate, in developing the plan. If the CP, VRS or veteran are unable to agree on the terms of the plan, the CP will expeditiously request a review of the proposed plan by the VR&C Officer who will resolve the disagreement and assure that development of an appropriate plan continues. The IILP must be completed, signed by the veteran and a copy forwarded to the Field Director (281B) within 14 calender days from the date the VR&C Officer receives notification from Central Office of the veteran's approval for the program.

(4) Documentation of IILP. VA Forms 28-8872 (Rehabilitation Plan) and 28-8872a (Rehabilitation Plan Continuation Sheet) will be used to record the IILP, any subsequent IILP changes and progress toward reaching the objectives. On VA Form 28-8872 the letters "IILP" will be handwritten in item 5.

(5) Veteran's Approval. The veteran's maximum cooperation will be solicited in negotiating and agreeing to the terms of the IILP. The veteran should be the primary developer of the IILP. When all substantive terms of the plan have been developed, agreed upon, and documented, the CP, VRS and veteran will sign the plan, indicating their mutual understanding and acceptance of the terms. The veteran will be provided a copy of the final completed plan.

(6) Rights of Review. The procedure described in DVB Circular 28-80-3, appendix I, paragraph 9, will be followed to assure the veteran's right to review his or her IILP.

(7) IILP Implementation. The VRS is primarily responsible for implementing the IILP and for monitoring the veteran's progress. The VRS will apply the basic procedures for providing assistance to the veteran and supervising the rehabilitation program described in DVB Manual M28-1, part II, chapter 4. Frequency of supervision of pilot program participants should follow that outlined in chapter 4, paragraph 4.02b, for special rehabilitation cases. The VRS will assure that the terms of the plan are implemented in a timely manner. In addition to arranging and coordinating the delivery of the rehabilitation services outlined in the plan, the VRS will periodically evaluate the veteran's progress in the program using the criteria and evaluation procedures agreed upon in the plan.

(8) Revising the IILP

(a) Documentation of Changes. All changes to the plan will be sufficiently documented. When the change is a minor adjustment to the plan (i.e., changing

a scheduled evaluation), the VRS will take appropriate action, confirm the change with the veteran, and document it on the plan. Substantive changes to the plan (e.g., revising a number of objectives or services) will be accomplished by the VRS and the veteran and will require amending the plan.

(b) Changes in the Plan Goal. A change in the plan goal requires that the plan be redeveloped. The VRS will refer the case to the CP and will assist in redevelopment. A copy of all amendments to the plan or redeveloped plans will be given to the veteran.

(c) Central Office Notification. All changes in the IILP will be sent to the Field Director (281B) by the VRS within 14 calendar days of the change for the mandated program evaluation study.

(9) Performance Review. The plan and the veteran's progress toward his or her program goal will be reviewed and evaluated periodically by the VRS and the veteran. All information concerning the veteran's progress in the program will be considered during reviews and evaluations and the evaluation procedures and schedule outlined for each objective will be followed. Reviews will be more frequent than those for veterans in the chapter 31 training program due to the severity of the disability groups served under this program. At least once every 6 months the VRS and the veteran will review the total plan and the veteran's progress in the program. On the basis of these reviews the VRS will determine whether the plan should be redeveloped, amended or retained in its present form.

(10) Documentation of Performance Reviews. Results of periodic evaluations and the 6-month review will be documented on the IILP. Periodic evaluations of a veteran's progress toward a intermediate objective will be documented in the Progress Notes section of the plan. If, after completing the 6-month review, it is determined that the terms of the plan will not change, this decision will be documented and initialed by the veteran and the VRS. Changes to the plan as a result of the 6-month review will be accomplished following procedures outlined in subparagraph (9) above.

f. Pilot Program Evaluation. Evaluation of the outcome of independent living services and the cost-effectiveness of the pilot program is mandated by PL 96-466. Upon receipt of forthcoming instructions, specialized data collection forms (currently being developed) will be completed and returned to Central Office at scheduled intervals to assure the collection of necessary data. Until both the instructions and forms are issued, program evaluation forms will not be required for presentation to the VRB (see subparagraph b(2)(c) above).

Dorothy L. Starbuck

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Chief Benefits Director

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DEFINITIONS

Activities of Daily Living: Activities related to meeting daily living needs. Examples are dressing, eating, mobility, personal hygiene.

Attendant: One who is hired and directed by a disabled person to perform tasks nec essary to that disabled person's ability to live independently. Such chores may be dressing the disabled person, preparing meals, etc. Also called PCA (personal care attendant).

Group Housing: Small group of disabled persons living in a group setting. Attendants and transportation may be shared.

Independent Living: Control over one's life based on a choice of acceptable alternatives which minimize the disabled person's reliance on others for decision making and performing everyday activities.

Independent Living Center: A type of independent living program which provides, at the minimum, and through coordination or referral, the following: housing assistance, attendant care, readers and/or interpreters, peer counseling, financial and financial and legal advocacy, community awareness and barrier removal programs.

Independent Living Program: A program which coordinates referrals for or provides services necessary for disabled individuals to live more independently. Such programs are community based and have involvement of handicapped persons in their management and operation. This term is the broadest term and covers all programs providing services to disabled persons necessary for independence. Independent living centers, residential, and transitional programs, and independent living service providers are examples of different types of independent living programs.

Independent Living Service Providers: An agency which provides discrete services necessary for a disabled person to live more independently. DM&S Outpatient Services designed to maintain the health of a disabled person would be an example of an independent living service provider. However, a DM&S Independent Living Center (i.e., Topeka, Brentwood, Wood, Northport, Little Rock, Richmond) which coordinates or provides a range of services necessary for independent living would be an independent living program.

Independent Living Services and Assistance: Subsistence allowance and services provided for in chapter 31, title 38, U.S. Code, that are needed to enable a veteran to achieve independence in daily living including such counseling, diagnostic, medical, social, psychological and educational services needed for the veteran to achieve maximum independence in daily living.

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Independent Living Skills: Those necessary to maintain control over one's life and needed when one lives with minimal reliance on others. Examples: attendant management, budgeting and financial management, consumer affairs skills, sexuality, medical maintenance, managing a house, coping skills, assertiveness skills, self-help skills.

Residential Program: A type of independent living program. The program coordinates or provides attendant services and transportation. It is a live-in program.

Transitional Housing: Time-limited housing designed to assist disabled person's transition from an institution to the community.

Transitional Program: A type of independent living program. Such programs are usually time limited. They provide training necessary for a disabled person to move from a relatively dependent living situation to a more independent situation. The significant service provided by this type program is skill training in independent living skills.

APPENDIX B

DVB Circular 28-84-2, Pilot Program
of Independent Living Services
March 20, 1984

Department of Veterans Benefits
Veterans Administration
Washington, D.C. 20420

DVB Circular 28-84-2

March 20, 1984

PILOT PROGRAM OF INDEPENDENT LIVING SERVICES

1. PURPOSE. This issue gives background information on independent living and instructs VR&C (Vocational Rehabilitation and Counseling) staff regarding the provision of services to veterans participating in the pilot program of independent living services. Significant points include:

a. Selection Criteria. It must be shown that the veteran has independent living needs and that the service-connected condition materially contributes to these needs in order for a veteran to be approved for the pilot program.

b. Limitations on Services. Since a veteran's participation in the pilot program is time limited, planning for long-term needs must focus on ways to meet these needs when a veteran is no longer a participant. As such, pilot program funding of long-term needs will be limited to a transition period.

c. Subsistence. Payment of subsistence is based on the number of clock hours spent in training directly related to the acquisition of independent living skills. Under specified circumstances subsistence may be paid to a program participant while he or she is an inpatient in a DM&S facility.

d. Entitlement Usage. Charges against entitlement are calculated as for other chapter 31 participants. A veteran's receipt of services under an IILP (Individualized Independent Living Plan) is, however, limited to 24 calendar months. A single extension of this period (up to 6 months) may be granted.

e. Travel. A special transportation allowance may be authorized under specified circumstances. Interregional transfer policies and procedures are applicable when a pilot program participant must leave the local regional office's jurisdiction to obtain necessary services.

f. Service Providers. For-profit agencies may not be used to provide independent living services.

g. Role of VRP (Vocational Rehabilitation Panel). VRP recommendations are to be considered prior to referring a veteran to Central Office for inclusion in the pilot program.

h. Documentation. New forms will be utilized to assist staff in assessing and monitoring a veteran's progress in the pilot program.

i. Case Status. Criteria for assigning a veteran to the independent living program status are given.

j. Flow Chart. A flow chart highlighting entrance into and exit from the pilot program in relation to other program workflow stages is provided as exhibit I.

2. BACKGROUND. Public Law 96-466 specifies that the VA will conduct a pilot program of independent living services starting in FY 82 and continuing through FY 85. This program will provide independent living services for veterans (up to 500 new entrants each year) for whom it has been determined that achievement of a vocational goal is not reasonably feasible. Selection of program participants must assure geographical and disability type representation. An inpatient veteran in a DM&S facility or in a nursing home under contract to the VA may be recommended for a program of independent living services under chapter 31.

3. GENERAL

a. Definition of Independence in Daily Living. Independence in daily living means the ability of a veteran, without the services of others or with a reduced level of services of others, to live and function within such veteran's family and community (38 USC 1501(2)). In this circular, the term "independent living" is synonymous with "independence in daily living."

b. Program of Independent Living Services and Assistance. The term "program of independent living services and assistance" includes (1) the services provided for in chapter 31 of title 38, United States Code, that are needed to enable a veteran to achieve independence in daily living, including such counseling, diagnostic, medical, social, psychological and educational services as are determined to be needed for the veteran to achieve maximum independence in daily living, and (2) the subsistence allowance authorized by chapter 31 for the veteran (38 USC 1508).

c. Barriers to Independent Living. The goal of independent living programs is to increase the veteran's options with a resultant improved quality of life for that individual. Options may be limited by skill deficits or physical, environmental or psychological factors. Limitations due to deficient living skills may be countered through training in problem-solving or in living skills. (Some examples are: managing personal care attendants, using adaptive equipment and shopping.) Technological devices (motorized wheelchair or vehicle modification are examples) or supportive services (attendant care and health maintenance programs are examples) may minimize physical factors which increase the veteran's dependence on others. Architectural modifications and advocacy to promote handicapped persons' rights to barrier-free access may reduce environmental problems. Peer and professional counseling may decrease psychological limitations to independence. A handicapped veteran's anxiety about discharge from an institution may be reduced

by interaction with a disabled person who is successfully adjusting to community living. A relative may be more accepting of a veteran's desire for independence after family counseling.

d. Independent Living Services and the Rehabilitation Process. The aim of an independent living program is not necessarily for the handicapped individual to be able to live alone in the community with no support services. Rather, the goal is for that individual to have the skills necessary to choose an acceptable lifestyle and then be able to manage it with minimal reliance on others. Some services may be required beyond a veteran's completion of the program in order to maintain the level of independence achieved during the program. See paragraph 6c below for limitations on these long-term services.

4. CRITERIA FOR SELECTION

a. Eligibility. To be eligible for the pilot program of independent living services, it must be determined that:

(1) The veteran meets the basic eligibility and entitlement criteria for participation in a rehabilitation program;

(2) Achievement of a vocational goal is not reasonably feasible;

(3) The veteran has independent living needs;

(4) The veteran's service-connected disability materially contributes to the veteran's independent living needs (see par. 11c below); and

(5) The program of independent living services may be expected to enable the veteran to live independently in his or her family and community or with a reduced level of dependence upon the service of others.

b. Final Determination by Central Office. All final determinations regarding participation in the pilot program are made by the Director, VR&C Service.

5. SCOPE OF SERVICES. Those services necessary to achieve maximum independence in daily living may be provided. The only vocational courses which may be provided are those incidental to achieving intermediate independent living objectives. Some of the independent living services which may be authorized are listed below:

a. Training in activities of daily living;

b. Training in independent living skills;

c. Attendant care during a period of transition (see par. 6c below);

d. Transportation (when special arrangements are required due to the disabling condition);

e. Peer counseling (when a requirement of an established independent living program);

f. Evaluation or training in an independent living program;

g. Housing (group, transitional or housing specifically designed to meet the needs of the handicapped); and

h. Other services which may be provided as listed in title 38, United States Code, section 1504.

6. DURATION AND LIMITATION OF SERVICES. A program of independent living services shall not exceed the period necessary to restore independence in daily living. The duration of a program shall not exceed 24 months except as indicated in subparagraphs a and b below.

a. Extension for 6 Months. An extension of up to 6 months of a program of independent living services may be recommended by the VRP and approved by the CP (Counseling Psychologist) only if there is convincing evidence that the additional period is necessary and will result in a substantial increase in independence. A program may not exceed 30 months. When an extension is approved, Central Office will be notified by memorandum to the appropriate Field Director (28) within 14 calendar days of the decision.

b. Extension for Veterans in Discontinued Status. Instructions concerning case statuses of veterans in the pilot program will be issued at a later time.

c. Limitations on Selected Services. Some independent living needs identified during the initial phase of program planning for a veteran may require services following completion of the pilot program and in some cases, for the rest of the veteran's life. Examples are need for a personal care attendant and for transportation assistance. Since a veteran's participation in the pilot program is time limited, planning for such needs must focus on ways to meet these needs when the veteran is no longer a program participant. As such, pilot program funding for long-term needs is limited to a transition period needed during the program to allow for implementation of plans to secure such services through other sources which will assure the continuity of assistance beyond the completion of the program. The duration of such assistance may not exceed two-thirds of the duration of the program (e.g., 12 months for an 18-month program) unless Central Office approval for a longer period is received.

d. Services Authorized Beyond FY 1985. If a veteran is approved for the pilot program prior to FY 1985, services for that veteran may continue beyond FY 1985 as long as the provision of services is in accordance with this paragraph and funds are available to obligate for the program.

7. MONETARY ASSISTANCE. A subsistence allowance shall be paid to a veteran in the independent living pilot program under the provisions of DVB Circular 28-80-3, Appendix E, Chapter 31 Subsistence Allowances.

a. Basis of Subsistence. When computing participation on a clock-hour basis (see DVB Circular 28-80-3, app. E, par. 2b and exhibit 1), payment is made on the basis of the number of clock hours spent in training directly related to the acquisition of independent living skills (such as money management, personal care attendant management and household maintenance). Participation in traditional medical therapies (examples include occupational therapy, psychotherapy and physical therapy) will not typically be counted as training time although participation will be documented on the veteran's IILP. If such therapies are specifically directed towards the achievement of independent living skills and services are provided from an educational model, then a veteran's participation may count as training time.

b. Inpatient Status. A subsistence allowance may be paid to veterans who are inpatients in a VA medical center or other residential facility under the provisions of paragraph 2e of DVB Circular 28-80-3, appendix E. The determination of rate of pursuit is the same as for veterans not hospitalized at a VA medical center.

c. Conditions Under Which Subsistence Is Not Paid. Subsistence is not paid when a veteran is participating in less than quarter-time training. When a veteran's IILP provides only for supportive services and medical therapies, but has no training component, that veteran will not be eligible for subsistence. However, that veteran will be eligible for all other assistance provided under the pilot program.

d. Entitlement Usage. Charges against entitlement will be calculated as for other chapter 31 program participants. However, pilot program duration (see par. 6 above) is determined by the actual number of calendar months elapsed since the date of the first month during which the veteran received services authorized on the IILP. This means, for example, that for a veteran who first received services on January 3, 1983, and whose rate of pursuit was half-time, the pilot program termination date would be January 3, 1985. The charge against entitlement, however, would be calculated as for half-time pursuit under a chapter 31 vocational training program. If the veteran were granted a 6-month extension, the pilot program termination date would be July 3, 1985.

8. TRAVEL

a. When a suitable facility for the provision of independent living services is not available within the jurisdiction of the local regional office, policy specified in 38 CFR 21.267 and associated procedures in DVB Manual M28-1, Part II, Paragraph 2.05, Interregional Transfers for Rehabilitation Training, are in effect. When the nature of a veteran's disability requires special travel accommodations, arrangements should be made for the payment of actual necessary expenses (see VA Manual MP-1, pt. II, chs. 2 and 3).

b. A special transportation allowance may be paid to a pilot program participant who, because of disability, has travel expenses not incurred by persons without a disability. The need for a special transportation allowance shall be determined by the VRS (Vocational Rehabilitation Specialist). Payment may be for mileage, driver, parking fee, transportation furnished by the facility for its clients, and other valid expenses. The veteran shall maintain a record of such costs. The amount paid for transportation may not exceed the cost paid by the VA for similar expenses or charged by the facility to other disabled persons. The maximum amount paid during any one month may not exceed one-half of the subsistence allowance for a single veteran at the full-time institutional rate or actual cost, whichever is less.

9. PROCUREMENT OF SERVICES

a. Authorization of Services and Supplies. Services, incidental goods and supplies determined necessary to accomplish the goals of an independent living program for a veteran will be authorized in accordance with established policies and procedures for other chapter 31 participants (DVB Circular 28-81-5, Revised, Processing Vouchers for Services Furnished Under Chapter 31). If it is anticipated at the time a case is submitted to the Field Director for pilot program approval that program charges will be such as to require Central Office review, a specific request for approval of costs should be made in the referral letter. The entire counseling record, including the proposed IILP, the VR&C Officer's concurrence and the Director's approval will be forwarded with the referral letter. This will avoid having to request review and approval of program costs at a later date.

b. Approved Service Providers. Only VA facilities, public agencies or nonprofit private agencies may be used to provide independent living services to veterans participating in the pilot program.

c. Use of Individual Instructors. Services detailed on the IILP will usually be provided by approved service providers as described in subparagraph b above and not by individual instructors. Qualified individual instructors may, however, be used when necessary:

(1) To provide services incidental to the total independent living program and are under contract to the approved service provider or;

(2) To provide services incidental to a total independent living program coordinated and personally supervised by VR&C staff.

d. Use of VA Facilities

(1) The VA policy normally shall be to utilize VA facilities to provide services for veterans participating in the pilot program.

(2) When required medical, dental and prosthetic services are not readily available from a VA health care facility or when any medical or dental services desired for independent living purposes cannot be approved by DM&S on a fee basis by a clinic of jurisdiction, the veteran's record will be documented to reflect:

(a) Consultation with the DM&S physician of record regarding the need for the services;

(b) Concurrence with the consulting VA physician in the need for the recommended medical, dental and prosthetic services, even if it is determined that the services may not be provided through DM&S; and

(c) Why services cannot be provided by the VA medical centers within jurisdiction of the regional office.

(3) Documentation of consultation with appropriate DM&S professional staff shall include completion of VA Form 28-8861, Request for Medical Services - Chapter 31. In item 11 of VA Form 28-8861, the questions to be answered by the DM&S staff and the independent living objectives to be achieved will be given in detail.

(4) When prosthetic aids, assistive devices or medically related equipment are determined to be necessary to achieve an independent living objective, the procedures outlined in this paragraph shall be followed.

10. DM&S - DVB LINKAGE

a. Referrals From DM&S. A veteran identified by DM&S staff for possible participation in the independent living pilot program should be referred to the DM&S case manager who will contact the VR&C Officer in the regional office of jurisdiction. A completed VA Form 28-1900, Disabled Veterans Application for Vocational Rehabilitation, and supporting medical evidence should accompany the referral.

b. Coordination With DM&S. If veterans are receiving care in a DM&S facility or it is anticipated that DM&S services will be utilized, the DM&S case manager must be consulted during the development of the written rehabilitation plan to assure that a single, coordinated plan is formulated for the veteran. When DM&S services are provided by a designated DM&S Independent Living Center, the Center team leader (or designee) also shall be consulted. A copy of the completed plan and all subsequent redevelopments of the plan will be forwarded to these persons.

11. ROLE OF THE COUNSELING PSYCHOLOGIST

a. Identification of Veterans. The CP may conclude during initial or extended evaluation that achievement of a vocational objective is not reasonably feasible and that the veteran may benefit from a comprehensive program of services directed toward an independent living goal. The veteran may be referred for the pilot program as detailed in subparagraphs c through e below.

b. Determination of Vocational Feasibility. When establishing a veteran's eligibility for the pilot program, the CP must document that even if the veteran were to receive all necessary services, the achievement of a vocational goal would not be reasonably feasible. If vocational rehabilitation is reasonably feasible but the veteran is prevented from participating in a traditional vocational rehabilitation program due to deficient independent living skills, the VA should provide the needed independent living services as part of an IWRP (Individualized Written Rehabilitation Plan). These services may be provided as a preliminary part of the plan or concurrently with other educational or vocational services.

c. Establishment of the Service-Connected Disability's Contribution to Independent Living Needs. Eligibility for pilot program participation is determined, in part, by the fact that the veteran's service-connected disability materially contributes to the veteran's independent living needs. The CP will establish the contribution of the service-connected disability to the veteran's independent living needs in the same way he or she establishes the service-connected condition contributes to a veteran's need for vocational rehabilitation.

d. Development of Other Data. In the development of cases for possible inclusion in the pilot program, the CP must demonstrate that were the veteran to receive services, it is reasonable to expect a substantial increase in the veteran's level of independent functioning as compared to his or her independent functioning prior to program participation.

e. Referral to VRP. The VRP must be consulted in relation to all cases in which there is a determination that vocational rehabilitation is not reasonably feasible or for whom the pilot program is being considered. For each veteran referred to the VRP

for pilot program consideration, the CP will prepare a memorandum and will route it through the VR&C Officer to the chairperson of the panel. The memorandum will contain the following:

(1) A summary of pertinent medical history which includes a clear description of the veteran's present functional limitations and strengths;

(2) A succinct statement describing the bases for any previous CP determination that a vocational goal is not reasonably feasible;

(3) A concise statement describing the veteran's independent living needs and the contribution of the service-connected disability to these needs;

(4) A list of specific independent living objectives (in measurable terms) to be achieved while the veteran is a program participant as well as potential service resources to reach those objectives; and

(5) Other facts, observations or opinions which may assist the panel.

f. Use of VRP Recommendations. VRP recommendations are to be considered by the CP as expert technical assistance provided to facilitate effective rehabilitation planning and decisionmaking. Recommendations and suggestions by the VRP are not binding, but neither will they be disregarded without thorough consideration and documentation.

g. Referral to Central Office. Utilizing the technical assistance provided by the VRP, the CP will determine whether to recommend the veteran to Central Office for inclusion in the pilot program. The VR&C Officer (or designee) will be responsible for forwarding the following material to the Field Director (28) for all referrals:

(1) Copy of the referral memorandum to the VRP;

(2) Copy of the VRP recommendations;

(3) Copy of most recent complete VA Form 21-6796, Rating Decision; and

(4) Copy of any other material deemed necessary for a comprehensive case review.

h. Assuring Veteran's Understanding of Pilot Program. The veteran should be informed that a decision regarding pilot program participation involves a number of steps. The role of the regional office is to refer potential candidates for consideration. No statement should be made that the regional office recommends approval. The veteran should be aware that Central Office approval

must be obtained and the final decision will be based, in part, on criteria designed to assure appropriate geographic and disability type representation. Informing the veteran of this process and the time it will take may minimize any misunderstanding.

12. ROLE OF VRP

a. Considerations Regarding Feasibility of Independent Living Goals. The VRP will review the CP's recommendations regarding vocational infeasibility and the appropriateness of an independent living goal for the referred veteran. In recommending whether a veteran would benefit from a comprehensive program of independent living services, the VRP will consider whether the veteran meets the following criteria:

(1) The achievement of a vocational goal is not reasonably feasible;

(2) The veteran's service-connected disability is interfering with or preventing maintenance of maximum independence in daily living;

(3) The veteran exhibits potential for significant favorable change in critical functions (e.g., mobility, communication, self-care) which will most likely result in a measurable positive change in the level of independent functioning upon receipt of services;

(4) The veteran possesses the physical, emotional and intellectual capacity or potential to carry out the demands of an independent living program;

(5) The deteriorative aspect of the veteran's disability is not significantly more rapid than the rehabilitation process; and

(6) The veteran is motivated to achieve independent living goals.

b. VRP's Recommendations

(1) Recommendation for Program of Independent Living Services. After evaluation of the referral, if the VRP believes that an independent living goal is feasible for the veteran, it will recommend the veteran's inclusion in the pilot program. The VRP may recommend specific independent living objectives and services to be included in the IILP.

(2) Nonrecommendation. If the VRP believes that an independent living goal is not feasible, it will recommend that the veteran not be placed in the pilot program. Following such a recommendation, the VRP will, whenever possible, suggest a plan to improve the veteran's condition so that later entry into the pilot program may be feasible.

(3) Additional Information Needed. If the VRP believes that additional information is necessary to make a recommendation regarding the feasibility of a program of independent living services, the VRP may return the case to the CP and request further development.

13. ROLE OF CENTRAL OFFICE. To assure meeting legal mandates, no veteran may be authorized to receive independent living services under the pilot program until the VR&C Officer receives Central Office notification of the veteran's acceptance. Central Office will maintain a list of all veterans who were denied admittance on the basis of program evaluation criteria. If these veterans can be placed in the program at a later time, Central Office will notify the appropriate regional office. Central Office will prepare a report detailing accomplishments and cost-effectiveness of this pilot program to be sent to Congress no later than September 30, 1984. The report will recommend any legislative changes with respect to the provision of independent living service to veterans.

14. IILP

a. Development of IILP. The IILP is an effective vehicle for facilitating a "team approach" in planning, coordinating and implementing a multidisciplinary program of resources and services for the veteran. Information developed in the initial and extended evaluation (if any) will be synthesized and organized in the IILP. The CP is primarily responsible for the formulation of the plan. The CP will consult with the VRS, the VRP and other rehabilitation personnel, as appropriate, in developing the plan. Since the pilot program involves provision of services to clients not typically served under chapter 31, VA Form 28-8906, Independent Living Evaluation Counseling Record, has been developed to assist in the assessment of a veteran's independent living needs. This form should be completed prior to an IILP formulation (see exhibit A). Development of the IILP will be consistant with procedures for developing an IWRP (refer to DVB Circular 28-80-3, Appendix I, Individualized Written Rehabilitation Plan).

b. Implementation and Reviews of IILP

(1) Implementation. The VRS is primarily responsible for implementing the IILP and for monitoring the veteran's progress. The VRS will apply the basic procedures for providing assistance to the veteran and supervising the rehabilitation program described in DVB Manual M28-1, part II, chapter 4. Frequency of supervision of pilot program participants should follow that outlined in chapter 4, paragraph 4.02b, for special rehabilitation cases. The VRS will assure that the terms of the plan are implemented in a timely manner.

(2) Reviews. The plan and the veteran's progress toward his or her program goal will be reviewed and evaluated periodically by the VRS and the veteran. All information concerning the veteran's progress in the program will be considered during reviews and evaluations. The evaluation procedures and schedules outlined for each objective will be followed. On the basis of these reviews the VRS will determine whether the plan should be redeveloped, amended or retained in its present form. When a change is a minor plan adjustment (e.g., changing a scheduled evaluation), the VRS will take appropriate action and confirm the change with the veteran. Substantive changes to the plan (e.g., revising a number of objectives or services) will be accomplished by the VRS and the veteran and will require amending the plan. A change in goal necessitates referral of the case to the CP who will assist in redevelopment. At least once every 12 months the CP, VRS and the veteran will review the total plan and progress in the program. VA Form 28-8906 will be used to assist in the review process (see exhibit A).

c. Veteran's Involvement

(1) IILP Development. The veteran's maximum cooperation will be solicited in negotiating and agreeing to the terms of the IILP. The veteran should be the primary developer of the IILP. When all substantive terms of the plan have been developed, agreed upon and documented, the CP, VRS and veteran will sign the plan to indicate their mutual understanding and acceptance of terms. The veteran will be provided a copy of the final completed plan.

(2) Disagreement About Terms of IILP. If the CP, VRS or veteran are unable to agree on the terms of the plan, the CP will expeditiously request a review of the proposed plan by the VR&C Officer who will resolve the disagreement and assure that development of an appropriate plan continues.

(3) Rights of Review. In any case in which a veteran does not agree to the plan as initially developed or amended, its redevelopment, or the denial of redevelopment, he or she may submit a written statement setting forth objections to the plan and requesting a review of the plan as proposed. The veteran will be informed of the opportunity for a review prior to agreeing to the plan, its redevelopment or denial of redevelopment. The veteran's case manager will, upon receipt of the veteran's statement, prepare the case for referral to the VR&C Officer who will review the veteran's statement, the plan as developed or redeveloped, and, if applicable, the denial of redevelopment. The VR&C Officer will make a decision within 90 days after the veteran's statement is received in the VA. If the VR&C Officer is also the case manager responsible for the plan, the case will be referred to Central Office for the review rather than the review being conducted by the VR&C Officer. In those cases when the veteran does not agree with the decision, he or she will be provided VA Form 1-8, Certification of Appeal.

15. ASSIGNMENT OF CASE STATUS FOR PROGRAM PARTICIPANTS. Instructions regarding the assignment of case status for program participants will be issued at a later time.

16. FOLLOWUP

a. Program Participants

(1) All program participants who completed an IILP or whose IILP was terminated, because the veteran had received maximal benefits from the program and had achieved substantial improvement in independent functioning, will be reviewed 60 days after IILP termination.

(2) All program participants, regardless of reason for program termination (e.g., veteran voluntarily leaves the program, time limit for services is reached, IILP objectives are achieved), will be reviewed 6 months after IILP termination. The purpose is to ascertain the veteran's adjustment and to determine whether the veteran would benefit from other services authorized by chapter 31.

b. Program Ineligibles. Veterans found ineligible for the pilot program will be reviewed 12 months after the VR&C Officer receives notification from Central Office that the veteran was not approved for the program. At that time it will be determined whether the veteran should be referred for additional services under chapter 31.

17. DOCUMENTATION. New forms will be utilized to assist staff in assessing and monitoring the veteran's progress in the pilot program. See exhibit A for instructions on all new forms and exhibits B through H for example forms.

a. VA Form 28-8905. VA Form 28-8905, Independent Living Demographic Data, must be completed for all pilot program referrals to Central Office (see exhibit B).

b. VA Form 28-8906. VA Form 28-8906, Independent Living Evaluation Counseling Record, will be completed prior to development of the IILP. This form must also be completed, at the minimum, during the 12- and 24-month IILP reviews, at the time of program termination and at the 6-month followup of program participants (see exhibit C).

c. VA Forms 28-8872 and 28-8872a. VA Form 28-8872, Rehabilitation Plan, and VA Form 28-8872a, Rehabilitation Plan Continuation Sheet, will be used to record the IILP, any subsequent IILP changes and progress in reaching objectives. The letters "IILP" will be written in item 5 of VA Form 28-8872.

39-983 O - 84 - 8

d. VA Form 28-8909. VA Form 28-8909, Pilot Program Termination Profile, is to be completed when a veteran is terminated from the pilot program regardless of the reason for termination (see exhibit D).

e. VA Form 28-8907. VA Form 28-8907, Followup of Pilot Program Ineligibles, will be completed 12 months after the VR&C Officer receives notification from Central Office that the veteran was found ineligible for the pilot program (see exhibit E).

f. VA Form 28-8910. VA Form 28-8910, Cost Accounting Record, is to be maintained on an ongoing basis but summarized and submitted to Central Office yearly and at program termination (see exhibit F).

g. VA Form 28-8904. VA Form 28-8904, Record of Other VA Entitlements, is to be maintained on an ongoing basis but summarized and submitted to Central Office yearly and at program termination (see exhibit G).

h. VA Form 28-8908. VA Form 28-8908, Modified Quality of Life is administered prior to development of the initial IILP, during the 12- and 24-month IILP reviews, at the time of program termination, and at the 6-month followup (see exhibit H).

18. SUBMISSION OF FORMS TO CENTRAL OFFICE. Completed forms will be submitted to the Field Director (28) for each pilot program referral following the schedule given below.

a. Referral to Central Office. Within 7 calendar days of the VRP's meeting, the material listed in paragraph 11g above will be submitted.

b. Notification of Acceptance. Within 14 calendar days of the date the VR&C Officer receives notification from Central Office that a veteran was approved, copies of the following will be submitted:

(1) A copy of the signed IILP;

(2) A VA Form 28-8905;

(3) A VA Form 28-8906; and

(4) Any psychometric data, including at least VA Form 28-8906.

c. Annual Comprehensive IILP Reviews. IILP's of the participants will be comprehensively reviewed at a minimum after 12, 24 and 30 months (assuming the veteran is still a program participant). Copies of the following will be submitted before the last day of the month in which the review was done:

(1) Copy of documented performance review (at a minimum, copy of the IILP with progress documented in the Progress Notes or Closure Statement section as appropriate and the new IILP if written);

(2) A VA Form 28-8904;

(3) A VA Form 28-8906;

(4) Any psychometric data, including at least VA Form 28-8908; and

(5) A VA Form 28-8910.

d. Program Termination. Copies of the following will be submitted within 14 calendar days of the veteran's termination from the pilot program:

(1) A VA Form 28-8904;

(2) A VA Form 28-8906;

(3) Any psychometric data, including at least VA Form 28-8908;

(4) A VA Form 28-8909; and

(5) A VA Form 28-8910.

e. Followup. Before the last day of the month in which the 6-month followup was due for program participants, a copy of VA Form 28-8906 will be submitted with any psychometric data, including, at least, VA Form 28-8908. For those veterans determined not eligible for the pilot program by Central Office, VA Form 28-8907 will be submitted before the last day of the month in which the 12-month followup is due.

19. WORK MEASUREMENT

a. IILP Agreement and Redevelopment. Since there are no established end products for an IILP agreement or substantive IILP redevelopment, the following end products should be taken:

(1) EP 727, IEEP Agreement. This will be taken for all work activity contributing to the agreement to and signature on the IILP. It is taken after documentation on VA Form 22-1902b is completed and the signatures of the CP, VRS and veteran are obtained on the completed VA Form 28-8872.

(2) EP 738, IWRP Redevelopment. This will be taken when the comprehensive IILP review results in substantive redevelopment necessitating the CP's involvement. It is taken after the redeveloped IILP is completed and initialed by all parties. Interim or comprehensive annual reviews which do not result in substantive

changes do not warrant taking EP 738. However, in this situation, if the review is done during the course of a supervisory assistance visit, EP 748 may be taken after documentation. Under no circumstances will EP 728 (IEEP Review) be taken for review of an IILP.

b. Other Work Activities. Other work activities involved in the provision of independent living services under an IILP will be credited to the appropriate end products; e.g., EP 739 for a regular induction, EP 747 for a special induction and EP 748 for a supervisory assistance visit. Refer to the flow chart in exhibit I.

c. Program Evaluation Activities. Direct labor activities involved in the completion of all forms listed in paragraph 17 (except VA Forms 28-8872 and 28-8872a) will be reported hour for hour as Other Measured Hours in AMIS Segment W31 and explained in item g of RCS 28-2, VR&C Monthly Narrative Report. The number of each type of form completed during the reporting period will also be documented in the RCS 28-2. As an example:

Independent Living Demographic Data Form = 2 completed
Independent Living Evaluation Counseling
Record Form = 2 completed
Total Hours = 2½

Experience indicates VA Form 28-8905 takes approximately 15 minutes to complete while VA Form 28-8906 takes approximately 60 minutes.

20. FLOW CHART FOR THE PILOT PROGRAM OF INDEPENDENT LIVING SERVICES. The flow chart presented in exhibit I highlights entrance into and exit from the pilot program in relation to other program workflow stages as well as the basic workflow stages in the pilot program. For illustration purposes, the chart does not include all workflow stages. The subparagraph designations (such as a or b) below correspond to the lowercase letters on the flow chart.

a. Vocational Potential Established During Initial Evaluation. The eligibility determination (EP 719) is completed and the veteran is seen to have vocational potential and is therefore not eligible for the pilot program. Any independent living services provided under an IWRP do not warrant taking separate end products.

b. Vocational Potential in Doubt at Time of Initial Evaluation. The eligibility determination (EP 719) is completed, but the veteran's potential to achieve a vocational goal cannot be determined. The provision of independent living services under an IEEP does not warrant taking separate end products.

c. Vocational Potential Found During IEEP Review. The outcome of an IEEP Review (EP 728) indicates the veteran has vocational potential and is not eligible for the pilot program.

d. IEEP Review Indicates No Vocational Potential. The outcome of an IEEP Review (EP 728) indicates a vocational objective is not feasible and the veteran would probably benefit from the pilot program. The CP prepares the case for referral through the VR&C Officer to the VRP. After the VRP documents its recommendation, EP 767 is taken.

e. No Vocational Potential at Time of Initial Evaluation. The eligibility determination (EP 719) is completed and it is determined that a vocational goal is not feasible and the veteran may benefit from the pilot program. When all data necessary to provide a basis for planning for a suitable independent living program are obtained and documented on VA Form 22-1902b, EP 729 is taken. The VR&C Officer or designee refers the case to the VRP. After the VRP documents its recommendation, EP 767 is taken.

f. Referral to Central Office. The technical expertise of the VRP has been taken into consideration and the veteran is referred to Central Office for review. This does not warrant taking an additional end product. Central Office may determine the veteran is not eligible, should receive services under another program phase (such as an IWRP or IEAP), or is eligible for the pilot program.

g. Central Office Approval Received. Central Office approval has been received for the veteran's inclusion in the pilot program. An IILP is completed, agreement is achieved, and EP 727 is taken after documentation. Subsequent interim reviews of the IILP are documented, but EP 738 (IWRP Redevelopment) is taken only if the review results in a substantive redevelopment involving the CP.

h. Final Supervisory Assistance Visit. During the final supervisory assistance visit, it is determined whether: (1) the independent living goal was met, (2) the veteran is no longer eligible, and/or (3) the veteran is now vocationally feasible. The veteran is terminated from the pilot program and EP 748 is taken after documentation.

21. RESCISSION: Paragraph 7 of Appendix O to DVB Circular 28-80-3.

Dorothy L. Starbuck

DOROTHY L. STARBUCK
Chief Benefits Director

Distribution: CO: RPC 2908, plus (117), 1 copy
FD FLD: RPC 2201, plus 5 additional copies to Finance and 10 to Adjudication in ROA; DMSFA, 1 each (for case manager in medical facility)
EX: ASO and AR, 1 each

INSTRUCTIONS FOR COMPLETION OF
FORMS RELATED TO THE PILOT PROGRAM
OF INDEPENDENT LIVING SERVICES

1. GENERAL: All forms are to be completed by the CP and/or the VRS. DO NOT LEAVE ANY ITEMS UNANSWERED. Explanatory notes for an answer should be written next to the question. Use the veteran's SOCIAL SECURITY NUMBER on all forms.

2. VA FORM 28-8905, INDEPENDENT LIVING DEMOGRAPHIC DATA. This is to uniformly abstract demographic data contained in records for all pilot program referrals. It is to be completed at the time of the veteran's referral to Central Office for pilot program consideration (see exhibit B).

a. Item 4. "Central City" refers to a built-up urban area which is surrounded by suburbs with a commuting work force; e.g. New York City, Denver or Los Angeles.

b. Item 11. Consider only paid employment OTHER than any period of military service.

c. Item 12. The definitions at the beginning of the question should be carefully reviewed prior to completing the item. Use the 6 months prior to program application only.

d. Item 20. Use the latest VA Form 21-6796, Rating Decision. Give only the three primary service-connected codes and the three primary nonservice-connected codes (if given). When fewer codes are listed write "0" in each of the unused spaces.

e. Item 23. This must be completed. If exact cost is unknown, give a range of likely costs.

f. Item 24. This item must be completed. If unknown, give a best estimate.

3. VA FORM 28-8906, INDEPENDENT LIVING EVALUATION COUNSELING RECORD. This form is designed to assist VR&C staff to assess a veteran's independent living needs and to develop an appropriate IILP. The form should be filled out prior to completion of the initial IILP, at the yearly IILP reviews, at program termination and at the 6-month followup.

a. Number of Responses. There may be only one response to each item except for item 44.

b. Items 4 through 20. These items should be completed based on the degree of supervision and/or assistance necessary. "Supervision" is relevant for veterans with cognitive deficits; e.g., brain-damaged or psychotic. "Needs one-to-one supervision" should be checked if the person monitoring the veteran must remain with the veteran while the activity is being conducted. "Needs some supervision" should be checked if the person monitoring the veteran needs only to be available to the veteran and generally is present only part of the time the activity is being conducted. If the veteran is not now performing a task, indicate the amount of assistance necessary were the veteran to attempt to complete the task.

c. Items 22-41. These items permit an estimate of the frequency of an activity. Check the column which best represents the average frequency of each activity during the month prior to the current rating. If that month was not typical, a typical month since the last rating should be used instead. When this is completed prior to the initial receipt of independent living services, the month prior to completion of the form should be used.

d. Items 43-44. Carefully review the definitions given on the form prior to answering. "Own Home (with live-in or part-time attendant)" should be checked if the veteran resides in his or her own residence, but needs assistance either from a family member, a volunteer assistant or a paid assistant (full- or part-time). "Own home (with no attendant)" should be checked if the veteran resides in his or her residence, but needs no assistance. This should be checked for a veteran living with family members only if assistance from the family members is not required for the veteran to maintain an independent lifestyle.

e. Item 46. If the veteran resides in an institution, check box 1, even if he or she has a single room.

f. Items 47-54. When answering these questions, consider the impact of psychiatric problems as well as physical limitations.

g. Item 56. This space may be used by VR&C staff to clarify previous responses or to note progress not covered elsewhere. This item is to be completed only if necessary. It does not need to be answered if the form is being completed prior to the formulation of the initial IILP.

4. VA FORM 28-8909, PILOT PROGRAM TERMINATION PROFILE. This is to notify Central Office of the veteran's termination from the pilot program. It must be completed for all veterans approved by Central Office for the pilot program regardless of the reason for termination. This includes approved veterans who terminated prior to initiation of services (see exhibit D).

a. Item 4. Use the date on the regional office's referral letter to Central Office. When a veteran's name was submitted more than once, use the date of the letter which resulted in Central Office approval.

b. Item 5. Use the date on the letter from Central Office which gives approval for the veteran's participation.

c. Item 6. "Date veteran entered pilot program" is considered to be the first month during which the veteran received services authorized on the IILP.

d. Item 8. This indicates if the veteran, after being approved, did not participate in the program.

e. Item 9. This records the primary reason for program termination.

5. VA FORM 28-8907, FOLLOWUP OF PILOT PROGRAM INELIGIBLES. The purpose of this form is to ascertain what services were later provided to pilot program ineligibles. This form is to be completed 12 months after the VR&C Officer receives notification from Central Office that the veteran was found ineligible for the pilot program. If the veteran later receives services under chapter 31, a copy of the current rehabilitation plan should be attached to the form. Do not complete this form for veterans who were first rejected for the pilot program but were later approved (see exhibit E).

6. VA FORM 28-8910, COST ACCOUNTING RECORD. This is to record costs authorized by the VR&C Division and VR&C staff time devoted to the veteran. The form will be maintained on an ongoing basis, but it will be summarized and submitted to Central Office yearly and at program termination (see exhibit F).

a. Filing of Forms. The form will be maintained on the right side of the veteran's CER (counseling/evaluation/rehabilitation) folder. Additional forms should be numbered in sequence if more than one form is needed.

b. Item 4. Record all costs (such as equipment, supplies, contracts) authorized by VR&C staff except items or services provided by other VA entitlement programs; e.g., DVB, DM&S. If costs are not known, give the best estimate and note "(est)" in section B. Record staff travel costs as well as beneficiary travel costs. Prorate travel costs if more than one veteran is visited. Travel costs are calculated at 20 cents per mile. Do not record staff overhead costs such as physical plant operation, employee benefits or salary. All staff time spent on the veteran should be recorded. This includes travel, face-to-face contacts, paperwork completion, telephone contacts and completion of program evaluation forms. In the case of

activities for which end products were taken, record the actual time spent, not the standard man-hours associated with the end products taken.

c. Items 5-6. These items summarize the data recorded in item 4. Staff time (excluding administrative time) is calculated separately from staff travel time. However the figure in 5c should equal the sum of the figures in 5a and 5b. Similarly, staff costs (excluding administrative costs) are calculated separately from staff travel costs. The figure in 6c should equal the sum of the figures in 6a and 6b.

d. Item 7. When more than one "Cost Accounting Record" is used in a rating period, different dates must be recorded for each form used. The same date may not appear in item 7 for each form.

7. VA FORM 28-8904, RECORD OF OTHER VA ENTITLEMENTS. This records use of other existing VA entitlements for which the veteran is eligible, but which he or she did not receive prior to participating in the pilot program and which are related to his or her independent living needs. The form is submitted to Central Office yearly and at time of program termination (see exhibit G).

a. Filing of Forms. The form will be kept on the right side of the veteran's CER folder. Additional pages may be used if necessary and should be numbered in sequence.

b. Items 5-10. If the exact cost is not known, record the best estimate and indicate the figure is an estimate by recording "(est)" after the dollar figure. Round off to whole dollar figures. Do not record costs for medical care, pension, compensation, or clothing allowance. Do not record items listed on VA Form 28-8910. Do not include benefits received prior to veteran's participation in the pilot program. Do not include benefits first received during the pilot program which were not related to independent living needs as outlined on the IILP.

c. Item 8. In most cases, cost of prosthetic appliances will have to be obtained by calling the DM&S Prosthetic Service providing the item. The cost may have to be estimated by DM&S personnel.

d. Item 11. Give total of costs recorded for items 5-10.

e. Item 12. This is to record rate of participation and the monthly amount of subsistence paid, if any, as well as all subsequent changes.

f. Item 13. Although this form may be completed gradually over the course of the reporting period, it should be dated using the date the last entry was made prior to either submission of the form to Central Office or the use of another VA Form 28-8904 as a

continuation sheet for the period. Therefore, when more than one "Record of Other VA Entitlements" is used in a rating period, different dates must be recorded for each form used. The same date may not appear in item 13 for each form.

8. VA FORM 28-8908, MODIFIED QUALITY OF LIFE. This test was designed to provide information about how a person subjectively views the quality of his or her life. It highlights areas of concern to the veteran and will be useful in assessing the veteran's independent living needs (see exhibit H).

a. Administration Instructions. The scale is self-administering. If a veteran's disability interferes with recording answers, the CP or VRS should provide needed assistance.

b. Schedule for Administration. This test should be administered just prior to the development of the first IILP and before annual reviews to assist in identifying independent living needs. In addition, it should be administered at the time of program termination and at the 6-month followup to assist the CP or VRS in evaluating the need for additional services.

INDEPENDENT LIVING DEMOGRAPHIC DATA
VA Form 28-8905

Veterans Administration

INDEPENDENT LIVING DEMOGRAPHIC DATA

VACO USE ONLY INFOREX RECORD
1
1-9

1. FIRST NAME, MIDDLE INITIAL, LAST NAME OF COUNSELEE: John J. Johns
REGIONAL OFFICE: New York
2. SOCIAL SECURITY NUMBER: 224-65-1008
DATE: 6/10/84

10 2
11 1
12 _

3. DATE OF BIRTH (Month, Day, Year): 2/6/44
STAFF SIGNATURE: Sandy Jackson

19 — 4. VETERAN'S CURRENT RESIDENCE (Check one)
1 [ ] CENTRAL CITY OVER 100,000
2 [ ] CENTRAL CITY UNDER 100,000
3 [X] SUBURB OF CENTRAL CITY
4 [ ] CITY OVER 2,500
5 [ ] ALL OTHERS

20 — 5. RACE/NATIONAL ORIGIN (Check one)
1 [ ] ASIAN/PACIFIC ISLANDER
2 [ ] BLACK NOT OF HISPANIC ORIGIN
3 [ ] HISPANIC
4 [X] AMERICAN INDIAN/ALASKAN NATIVE
5 [ ] WHITE NOT OF HISPANIC ORIGIN

21 — 6. SEX (Check one)
1 [ ] FEMALE
2 [X] MALE

22 — 7. EDUCATION (Indicate highest level of education completed to receipt) (Check only one)
1 [ ] 0-4 YEARS
2 [ ] 5-8 YEARS
3 [ ] HIGH SCHOOL (Incomplete)
4 [ ] HIGH SCHOOL (Completed, GED)
5 [ ] POST HIGH SCHOOL, BUSINESS OR TRADE
6 [X] 1-3 YEARS COLLEGE
7 [ ] 4 YEARS COLLEGE (Completed)
8 [ ] SOME GRADUATE EDUCATION
9 [ ] GRADUATE DEGREE

23 — 8. CURRENT MARITAL STATUS (Check one)
1 [ ] MARRIED
2 [ ] COHABITING
3 [ ] WIDOWED
4 [ ] DIVORCED
5 [ ] SEPARATED
6 [X] NEVER MARRIED

24
25
26 — 9. NUMBER OF DEPENDENTS (Specify number for each category, if none, enter "0")
0 SPOUSE
0 CHILDREN
0 OTHER DEPENDENTS (Include parent(s) of veteran primarily dependent upon for support)

27 — 10. EMPLOYMENT (Check the highest level of employment ever attained)
1 [ ] NEVER EMPLOYED
2 [ ] UNPAID WORKER (Volunteer, F.T. Homemaker)
3 [ ] PRE-VOCATIONAL TRAINING
4 [ ] SHELTERED EMPLOYMENT
5 [ ] TRANSITIONAL EMPLOYMENT
6 [ ] COMPETITIVE EMPLOYMENT OR BUSINESS ENTERPRISE PART TIME
7 [X] COMPETITIVE EMPLOYMENT OR BUSINESS ENTERPRISE FULL TIME

28-31 — 11. HOW LONG SINCE VETERAN WORKED FOR PAY? (Do not include military service)
4 YEAR(S) 0 MONTH(S) _____ NEVER WORKED FOR PAY
RECODE _____ (FOR LOCAL USE)

651091

VA FORM MAR 1984 28-8905

VACO USE ONLY

12. DURING THE 6 MONTHS PRIOR TO PROGRAM ADMISSION, HOW MANY TOTAL DAYS DID THE VETERAN RESIDE IN THE FOLLOWING FACILITIES (Answer all which apply.)

EXTENDED CARE FACILITY — Refers to nonacute, limited, residential facility which provides a high level of nursing care but is not an acute care facility. (a nursing home or an intermediate medical ward)

TRANSITIONAL FACILITY — Refers to time limited, rehabilitation oriented, residential facility. (halfway house/rehabilitation center, independent living program, spinal cord injury unit, blind rehabilitation unit)

SUPERVISED INDEFINITE STAY FACILITY — Refers to residential program which is primarily maintenance (not treatment) oriented, not time limited and provides some supervision. (group home, halfway house, residential care home)

	NUMBER OF DAYS	FACILITY
32-34	2	VA MEDICAL CENTER
35-37	0	VA EXTENDED CARE FACILITY OR NURSING HOME
38-40	178	VA CONTRACT NURSING HOME (Private)
41-43		VA CONTRACT NURSING HOME (State)
44-46		VA DOMICILIARY
47-49		VA TRANSITIONAL FACILITY (Specify)
50-52		VA SUPERVISED, INDEFINITE STAY FACILITY
53-55		NON VA HOSPITAL
56-58		NON VA EXTENDED CARE FACILITY OR NURSING HOME
59-61		NON VA DOMICILIARY (Soldiers Home, etc.)
62-64		NON VA TRANSITIONAL FACILITY (Specify)
65-67		NON VA SUPERVISED, INDEFINITE STAY FACILITY

68 — 1 [ ] NO TIME SPENT IN FACILITY (Check ✓ if applicable)

69 — 12. LANGUAGE USUALLY SPOKEN
1 [X] ENGLISH 2 [ ] SPANISH 3 [ ] OTHER 4 [ ] UNKNOWN

70-75 — 14. DATE APPLICATION WAS RECEIVED IN VR&C
MONTH 6 DAY 1 YEAR 84

76 — 15. DID VETERAN RECEIVE SERVICE UNDER IEP?
1 [ ] YES 2 [X] NO

77-82 — 16. IF VETERAN RECEIVED SERVICES UNDER IEP GIVE DATE "VOCATIONAL INFEASIBILITY" DECISION WAS MADE
MONTH DAY YEAR

83 — 17. WAS VETERAN REFERRED BY DM&S?
1 [ ] YES 2 [X] NO 3 [ ] OTHER (Explain)

84-88 — 18. WAS VETERAN FOUND INFEASIBLE FOR CHAPTER 31 VOCATIONAL TRAINING?
1 [ ] NO 2 [ ] YES (Temporarily infeasible) MONTH YEAR
3 [ ] YES (Indefinitely infeasible) MONTH YEAR 4 [X] YES (Permanently infeasible) MONTH YEAR

89-91 — 19. IS THE VETERAN IN RECEIPT OF INDIVIDUAL UNEMPLOYABILITY?
1 [X] NO 2 [ ] YES (Number of years) _____

20. LIST PRIMARY DISABILITIES (3 DIGIT) (FROM LATEST VA FORM 21-6796 (1) EXAMINATION DATE)

	TYPE	DIAGNOSTIC CODE	CURRENT DISABILITY RATING (%)
92-98	SERVICE CONNECTED	5111	100%
99-105		9910	40%
106-112		7006	30%
113-119	NON SERVICE CONNECTED	7599	N/A
CARD II 1-9			
10-2			
11-2			
12-			
13-19		8099	N/A
20-26		N/A	N/A

27-29 — 21. TOTAL CURRENT COMBINED SERVICE CONNECTED RATING 100 %

30-33 — 22. DATE CURRENT RATING WAS FIRST AWARDED
MONTH 10 YEAR 65

34-38 — 23. ESTIMATED COST OF VETERAN'S PARTICIPATION (Tuition, subsistence, and other VA benefits)
$ 5000

39 — 24. ESTIMATED RATE OF PROGRAM PARTICIPATION FOR SUBSISTENCE PURPOSES
1 [ ] FULL TIME 3 [ ] ¾ TIME 5 [ ] LESS THAN ¾ TIME (No subsistence allowable)
2 [ ] ½ TIME 4 [X] ¼ TIME

40 — 25. IS THIS A PARAGRAPH 29 RATING? (VHP, due to current hospitalization of more than 21 days for service connected condition.)
1 [ ] YES 2 [X] NO

INDEPENDENT LIVING EVALUATION COUNSELING RECORD
VA Form 28-8906

Veterans Administration

INDEPENDENT LIVING EVALUATION COUNSELING RECORD

VACO USE ONLY INFOREX RECORD	1 FIRST NAME, MIDDLE INITIAL, LAST NAME OF COUNSELEE	2 SOCIAL SECURITY NUMBER	3 REGIONAL OFFICE
1 9	John J. Johns	224-65-1888	New York

10 4

11 _

PART I - ACTIVITIES OF DAILY LIVING

INSTRUCTIONS — Indicate veteran's achievements during rating period. Record the appropriate numbers which best represents current performance in the far right column.

1 – NEEDS COMPLETE CARE
2 – NEEDS ONE TO ONE SUPERVISION AND/OR MODERATE PHYSICAL ASSISTANCE
3 – NEEDS SOME SUPERVISION AND/OR PHYSICAL ASSISTANCE
4 – COMPLETELY INDEPENDENT WITH ASSISTANCE DEVICES
5 – COMPLETELY INDEPENDENT

	ACTIVITIES	PERFORMANCE
12	4. AMBULATION	4
13	5. EATING/FEEDING SKILL	4
14	6. TOILETING	3
15	7. BATHING	3
16	8. GROOMING (shave, comb hair, makeup, etc.)	3
17	9. DRESSING	2
18	10. SHOPPING	2
19	11. COOKING	2
20	12. HOUSEKEEPING/MAINTAINING LIVING SPACE	2
21	13. USE OF TELEPHONE	4
22	14. LAUNDRY	2
23	15. BUDGETING, PAYING BILLS	3
24	16. TAKING MEDICATION	4
25	17. KEEPING MEDICAL OR MENTAL HEALTH CLINIC APPOINTMENTS	4
26	18. PERFORMING PRESCRIBED MEDICAL ROUTINES	3
27	19. CHILD CARE	3
28	20. YARD WORK/VEHICLE MAINTENANCE	2

PART II - FAMILY ADJUSTMENT

29 — 21. INDICATE FAMILY COOPERATION WITH INDEPENDENT LIVING GOALS (For married veterans, family means spouse; for single veteran, family means parents or other responsible relatives) (Check only one)

1 [ ] THE VETERAN AND FAMILY RECEIVE REGULAR/OCCASIONAL FAMILY THERAPY/COUNSELING. THE FAMILY IS COOPERATIVE.
2 [ ] THE VETERAN AND FAMILY RECEIVE REGULAR/OCCASIONAL FAMILY THERAPY/COUNSELING. THE FAMILY IS UNCOOPERATIVE.
3 [X] THE VETERAN AND FAMILY RECEIVE NO THERAPY/COUNSELING, BUT THE FAMILY SUPPORTS INDEPENDENT LIVING GOALS.
4 [ ] THE VETERAN AND FAMILY RECEIVE NO THERAPY/COUNSELING AND THE FAMILY DOES NOT SUPPORT INDEPENDENT LIVING GOALS.
5 [ ] THE FAMILY HAS LITTLE CONTACT WITH VETERAN.
6 [ ] THE VETERAN HAS NO FAMILY.

PART III - PSYCHOSOCIAL ADJUSTMENT

INSTRUCTIONS — Record the appropriate number which best summarizes the average frequency of each activity during the month prior to this review on the far right column. If the last month was not typical use a typical month since the last review period.

1 – NOT AT ALL
2 – LESS THAN ONCE A MONTH
3 – MORE THAN ONCE A MONTH BUT LESS THAN ONCE A WEEK
4 – ONCE A WEEK OR MORE, BUT NOT DAILY
5 – AT LEAST DAILY

	ACTIVITIES	FREQUENCY
30	22. ERRANDS AWAY FROM HOME (Shopping, banking, medical)	3
31	23. COOKS MEALS	3
32	24. CLEANS LIVING SPACE	3
33	25. MAKES TELEPHONE CALLS	4
34	26. DOES LAUNDRY	2
35	27. PAYS BILLS	4
36	28. SUPERVISES CHILD	1
37	29. DOES YARD WORK/VEHICLE MAINTENANCE	1
38	30. LISTENS TO RADIO, TAPES, RECORDS, WATCHES TV	5
39	31. READING	5
40	32. ARTS AND CRAFTS, HOBBIES	4
41	33. PLAYS GAMES WITH OTHERS IN RESIDENCE	4

VA FORM MAR 1984 **28-8906**

VACO USE ONLY	ACTIVITIES	FREQUENCY
42	34. GOES OUT ALONE *(Walk, church, movie, etc.)*	2
43	35. GOES OUT WITH ATTENDANT *(Walk, church, movie, etc.)*	1
44	36. GOES OUT WITH FRIENDS OR TO HOUSE	2
45	37. ATTENDS ORGANIZED GROUPS *(Civic, religious, political, etc.)*	1
46	38. PARTICIPATES IN PHYSICAL RECREATION *(Swimming, basketball, etc.)*	1
47	39. BUSINESS OR EDUCATIONAL ACTIVITIES IN RESIDENCE	1
48	40. GOES OUT TO WORK OR CLASS	1
49	41. GOES OUT TO REHABILITATION ACTIVITIES	1

50 — 42. INDICATE VETERAN'S PRESENT EMPLOYMENT STATUS *(Check only one)*

- 1 [X] NOT EMPLOYED
- 2 [ ] UNPAID WORKER *(Volunteer, O.T., Homemaker)*
- 3 [ ] PRE-VOCATIONAL TRAINING
- 4 [ ] SHELTERED EMPLOYMENT
- 5 [ ] TRANSITIONAL EMPLOYMENT
- 6 [ ] COMPETITIVE EMPLOYMENT OR BUSINESS ENTERPRISE, PART TIME
- 7 [ ] COMPETITIVE EMPLOYMENT OR BUSINESS ENTERPRISE, FULL TIME

PART IV - RESIDENTIAL ADJUSTMENT

INSTRUCTIONS: Indicate veteran's current residential status.

EXTENDED CARE FACILITY — *Refers to non-time limited, residential facility which provides a high level of nursing care but is not an acute care facility (e.g., nursing home or intermediate medical ward).*

TRANSITIONAL FACILITY — *Refers to time limited, rehabilitation oriented, residential facility (e.g., halfway house/rehabilitation center, independent living program, spinal cord injury unit, blind rehabilitation unit).*

SUPERVISED, INDEFINITE STAY FACILITY — *Refers to residential program which is primarily maintenance (not treatment) oriented, not time-limited and provides some supervision (e.g., group home, foster home, residential care home).*

51-52 — 43. ENVIRONMENT WHERE VETERAN CURRENTLY RESIDES *(Check only one)*

- 01 [ ] VA MEDICAL CENTER
- 02 [ ] VA EXTENDED CARE OR NURSING HOME
- 03 [ ] VA CONTRACT NURSING HOME (PRIVATE)
- 04 [ ] VA CONTRACT NURSING HOME (STATE)
- 05 [ ] VA DOMICILIARY
- 06 [ ] VA TRANSITIONAL FACILITY *(Specify)* _____
- 07 [ ] VA SUPERVISED, INDEFINITE STAY FACILITY
- 08 [ ] NON-VA HOSPITAL
- 09 [ ] NON-VA EXTENDED CARE OR NURSING HOME
- 10 [ ] NON-VA DOMICILIARY *(e.g., soldier's home)*
- 11 [ ] NON-VA TRANSITIONAL FACILITY *(Specify)* _____
- 12 [ ] NON-VA SUPERVISED, INDEFINITE STAY FACILITY
- 13 [X] OWN HOME *(With live-in or part-time attendant)*
- 14 [ ] OWN HOME *(With no attendant)*

53 — 44. DURING THE 6 MONTHS SINCE VETERAN TERMINATED PILOT PROGRAM OF INDEPENDENT LIVING SERVICE, GIVE TOTAL NUMBER OF DAYS VETERAN RESIDED IN EACH TYPE OF FACILITY *(Answer all which apply)*

1 [X] CHECK THIS BOX IF VETERAN IS STILL PARTICIPATING IN THE PILOT PROGRAM AND THIS IS NOT A FOLLOWUP SUPERVISORY VISIT SUMMARY. GO TO THE NEXT QUESTION.

	NO. DAYS	TYPE OF FACILITY	NO. DAYS	TYPE OF FACILITY
54-56 57-59		VA MEDICAL CENTER		NON-VA HOSPITAL
60-62 63-65		VA EXTENDED CARE FACILITY OR NURSING HOME		NON-VA EXTENDED CARE OR NURSING HOME
66-68 69-71		VA CONTRACT NURSING HOME (PRIVATE)		NON-VA DOMICILIARY *(e.g., soldier's home)*
72-74 75-77		VA CONTRACT NURSING HOME (STATE)		NON-VA TRANSITIONAL FACILITY *(Specify)* _____
78-80 81-83		VA DOMICILIARY		INDEFINITE STAY FACILITY
84-86 87-89		VA TRANSITIONAL FACILITY *(Specify)* _____		RELATIVE'S HOME
90-92 93-95		VA SUPERVISED, INDEFINITE STAY FACILITY		OWN HOME *(e.g., apartment or house)*

96 — 45. INDICATE AMOUNT OF HUMAN ASSISTANCE VETERAN RECEIVES IN CURRENT RESIDENCE *(Check only one)*

- 1 [ ] NEEDS COMPLETE CARE
- 2 [ ] NEEDS ONE-TO-ONE SUPERVISION AND/OR MODERATE PHYSICAL ASSISTANCE
- 3 [X] NEEDS SOME SUPERVISION AND/OR MINIMAL PHYSICAL ASSISTANCE
- 4 [ ] COMPLETELY INDEPENDENT WITH ASSISTIVE DEVICES
- 5 [ ] COMPLETELY INDEPENDENT

VACO USE ONLY	
97	46. INDICATE TYPE OF PERSON CURRENTLY RESIDING WITH VETERAN *(If more than one applies check the lowest numbered item.)* *(Check one)* 1 ☐ INSTITUTIONAL STAFF, PATIENTS 2 ☐ FOSTER PARENTS, COMMUNITY CARE SPONSORS 3 ☐ ROOMMATE 4 ☐ FRIEND 5 ☒ PARENTS, CHILDREN, RELATIVES 6 ☐ SPOUSE OR PARTNER 7 ☐ HIRED ATTENDANT 8 ☐ NONE
	PART V - IMPACT OF DISABILITY
	INSTRUCTIONS - Indicate impact of disabilities on veteran's ability to function independently during this summary period by checking the item which best describes veteran's current functioning.
98	47. HOW MOBILE IS VETERAN WITH ASSISTIVE DEVICES AND WITH HUMAN ASSISTANCE? *(Check only one)* 1 ☐ NO MOBILITY 2 ☐ LIMITED TO SINGLE ROOM, WARD 3 ☐ LIMITED TO DWELLING/FACILITY 4 ☐ LIMITED TO NEIGHBORHOOD *(½ mile radius)* 5 ☒ LIMITED TO COMMUNITY 6 ☐ UNLIMITED
99	48. HOW MOBILE IS VETERAN WITH ASSISTIVE DEVICES BUT WITHOUT HUMAN ASSISTANCE? *(Check only one)* 1 ☐ NO MOBILITY 2 ☐ LIMITED TO SINGLE ROOM, WARD 3 ☐ LIMITED TO DWELLING/FACILITY 4 ☒ LIMITED TO NEIGHBORHOOD *(½ mile radius)* 5 ☐ LIMITED TO COMMUNITY 6 ☐ UNLIMITED
100	49. INDICATE MODE OF TRANSPORTATION MOST USED *(Check only one)* 1 ☐ NO MOBILITY 2 ☒ DEPENDENT ON OTHERS 3 ☐ TAXI SERVICE 4 ☐ TRANSPORTATION FOR DISABLED OR HIRED PERSONAL DRIVER 5 ☐ PUBLIC TRANSPORTATION 6 ☐ DRIVES SELF
101	50. INDICATE EXTENT DISABILITY AFFECTS VETERAN'S ABILITY TO COMMUNICATE THOUGHTS AND NEEDS TO MAJORITY OF OTHERS IN HIS/HER ENVIRONMENT. *(Check only one)* 1 ☐ NO COMMUNICATION 2 ☐ SEVERE LIMITATION 3 ☐ MODERATE LIMITATION 4 ☐ MILD LIMITATION 5 ☐ NO DIFFICULTY WITH ASSISTIVE DEVICES 6 ☒ NO LIMITATIONS
102	51. INDICATE EXTENT DISABILITY AFFECTS VETERAN'S ABILITY TO UNDERSTAND COMMUNICATIONS. *(Check only one)* 1 ☐ CANNOT BE DETERMINED 2 ☐ UNDERSTANDS NOTHING 3 ☐ SEVERE LIMITATION 4 ☐ MODERATE LIMITATION 5 ☐ MILD LIMITATION 6 ☒ NO LIMITATION
103	52. HOW LIMITED IS VETERAN'S ABILITY TO INITIATE AND MAINTAIN FRIENDSHIPS? *(Check only one)* 1 ☐ NO FRIENDS 2 ☐ SEVERE LIMITATION 3 ☐ MODERATE LIMITATION 4 ☒ MILD LIMITATION 5 ☐ NO DIFFICULTY
104	53. HOW LIMITED IS VETERAN'S ABILITY TO STAND UP FOR HIS/HER RIGHTS? *(Check only one)* 1 ☐ NEVER ASSERTS HIMSELF/HERSELF 2 ☐ SEVERE LIMITATION 3 ☐ MODERATE LIMITATION 4 ☒ MILD LIMITATION 5 ☐ NO DIFFICULTY
105	54. INDICATE HOW INDEPENDENTLY VETERAN DOES OR COULD LIVE IN THE COMMUNITY AT THIS TIME WITH RESOURCES AND ASSISTANCE PRESENTLY AVAILABLE TO VETERAN. COMPLETELY SUPERVISED … COMPLETELY INDEPENDENT 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 ☐ 6 ☐ 7 ☐

106

55. INDICATE VR&C STAFF'S ASSESSMENT OF VETERAN'S CURRENT MOTIVATION FOR INDEPENDENT LIVING REHABILITATION

1 ☐ NEGATIVE ABOUT INDEPENDENT LIVING PROGRAM
2 ☐ SKEPTICAL ABOUT PROGRAM
3 ☐ NEUTRAL ABOUT PROGRAM
4 ☒ POSITIVE ABOUT PROGRAM
5 ☐ VERY MOTIVATED

PART VI - NARRATIVE SUMMARY

56. *INSTRUCTIONS* *Briefly summarize veteran's progress towards independent living goals and objectives which has not been covered in previous items. Indicate impact of veteran's changed level of independent functioning on family situation if relevant. Do not complete if veteran is just entering pilot program.*

Veteran just entering program

107-112

57. DATE
8/5/84

58. STAFF SIGNATURE
Sandra Jackson

PILOT PROGRAM TERMINATION PROFILE
VA FORM 28-8909

Veterans Administration

VACO USE ONLY
INFOREX RECORD

PILOT PROGRAM TERMINATION PROFILE
(COUNSELING RECORD)

1-9 10-7	1. FIRST NAME - MIDDLE INITIAL - LAST NAME OF COUNSELEE John J. Johns	2. SOCIAL SECURITY NUMBER 224-65-1868	3. REGIONAL OFFICE New York
11-16	4. DATE VETERAN'S NAME WAS SUBMITTED TO THE CENTRAL OFFICE *(Use date on referral letter)* (Month, day, year) 7/5/84		
17-22	5. DATE VETERAN WAS APPROVED FOR PILOT PROGRAM PARTICIPATION *(Use date on Central Office approval letter)* (Month, day, year) 7/20/84		
23-26	6. DATE VETERAN ENTERED PILOT PROGRAM *(Use date during which services specified on IILP were first provided)* (Month, year) 8/84		
27-30	7. DATE VETERAN TERMINATED OR WAS TERMINATED FROM PILOT PROGRAM (Month, year) 6/85		
31	8. DID VETERAN TERMINATE PILOT PROGRAM PRIOR TO INITIATION OF SERVICES SPECIFIED ON IILP? *(Check box)* 1 [ ] YES 2 [X] NO		
32	9. INDICATE REASON FOR VETERAN'S TERMINATION FROM THE PROGRAM. IF PROGRAM'S TIME LIMIT WAS REACHED BUT ALL IILP OBJECTIVES WERE ACHIEVED, MARK 3. 1 [ ] VETERAN'S DECISION 2 [ ] PROGRAM'S TIME LIMIT REACHED 3 [X] IILP OBJECTIVES ACHIEVED 4 [ ] VR&C DECISION BASED ON LACK OF PROGRESS 5 [ ] VETERAN ENTERED AN IWRP 6 [ ] VETERAN DIED 7 [ ] OTHER *(Explain)*		
	10. INDICATE THE TYPE OF SERVICES VETERAN RECEIVED FROM ANY ONE OF THE SIX DM&S PILOT INDEPENDENT LIVING CENTERS DURING SPONSORSHIP UNDER THE CHAPTER 31 PILOT PROGRAM. *(Do not include services received from other DM&S facilities)* (Check all which apply)		
33	EVALUATION OF INDEPENDENT LIVING NEEDS	1 [ ] YES	2 [X] NO
34	SERVICES TO MEET SOME BUT NOT ALL OBJECTIVES ON IILP	1 [X] YES	2 [ ] NO
35	SERVICES TO MEET ALL IILP OBJECTIVES	1 [ ] YES	2 [X] NO
36	COORDINATION OF COMMUNITY RESOURCES	1 [ ] YES	2 [X] NO
37	SKILLS TRAINING	1 [X] YES	2 [ ] NO
38	TRANSITIONAL LIVING	1 [ ] YES	2 [X] NO
39	CASE CONSULTATION WITH VR&C STAFF	1 [ ] YES	2 [X] NO
40	OTHER SERVICES *(Specify)*	1 [ ] YES	2 [X] NO
	11. IN ORDER TO MEET IILP OBJECTIVES DURING THE CHAPTER 31 PILOT PROGRAM, DID THE VETERAN ATTEND CLINIC/CENTER?		
41	DM&S BLIND REHABILITATION CENTER OR CLINIC	1 [ ] YES	2 [X] NO
42	DM&S SPINAL CORD INJURY CENTER	1 [ ] YES	2 [X] NO
43	DM&S DAY TREATMENT CENTER FOR PSYCHIATRICALLY DISABLED	1 [ ] YES	2 [X] NO
44	12. DID VETERAN'S MARITAL STATUS CHANGE FROM PROGRAM ADMISSION TO PROGRAM TERMINATION? 1 [X] NO CHANGE 2 [ ] SINGLE BEFORE ENTERING PROGRAM, BUT MARRIED AT TERMINATION 3 [ ] MARRIED BEFORE ENTERING PROGRAM, BUT DIVORCED AT TERMINATION 4 [ ] OTHER *(Specify)*		

VA FORM MAR 1984 28-8909

651088

VACO USE ONLY	13. DID VETERAN'S COMPETENCY STATUS CHANGE FROM PROGRAM ADMISSION TO PROGRAM TERMINATION?
45	1 [X] NO CHANGE
	2 [ ] INCOMPETENT BEFORE ENTERING PROGRAM, BUT COMPETENT AT TERMINATION
	3 [ ] COMPETENT BEFORE ENTERING PROGRAM, BUT INCOMPETENT AT TERMINATION
	4 [ ] OTHER (Specify)
	REMARKS
4861	14. DATE: 6/4/84 — 15. STAFF SIGNATURE: Sandra Jackson

FOLLOWUP OF PILOT PROGRAM INELIGIBLES
VA Form 28-8907

Veterans Administration

VACO USE ONLY
INFOREX RECORD

FOLLOWUP OF PILOT PROGRAM INELIGIBLES
(COUNSELING RECORD)

1,8
10 3 — 1. FIRST NAME - MIDDLE INITIAL - LAST NAME OF COUNSELEE: Charles Manning
2. SOCIAL SECURITY NUMBER: 351-50-2619
3. REGIONAL OFFICE: San Francisco

11 — 4. SINCE THE TIME VR&C WAS FIRST NOTIFIED OF VETERAN'S INELIGIBILITY FOR PILOT PROGRAM, INDICATE WHAT ACTIONS HAVE BEEN TAKEN (Check all which apply)
1. [X] SERVICES PROVIDED UNDER IEEP
2. [ ] SERVICES PROVIDED UNDER IWRP
3. [ ] SERVICES PROVIDED UNDER IHAP
4. [ ] NO SERVICES PROVIDED UNDER CHAPTER 31

12 — 5. IF NO SERVICES WERE PROVIDED UNDER CHAPTER 31, WAS VETERAN REFERRED TO (Check one)
DM&S: 1. [ ] YES 2. [ ] NO

13 — COMMUNITY RESOURCES: 1. [ ] YES 2. [ ] NO

14 — NOT APPLICABLE: 1. [X]

15 — 6. IF NO SERVICES THROUGH CHAPTER 31 OR OTHER PROGRAMS WERE PROVIDED, WAS IT BECAUSE
1. [X] NOT APPLICABLE
2. [ ] VETERAN REFUSED OR DID NOT KEEP APPOINTMENTS
3. [ ] NO OTHER RESOURCES AVAILABLE
4. [ ] INSUFFICIENT STAFF TIME
5. [ ] VETERAN ALREADY RECEIVING SERVICES THROUGH OTHER PROGRAMS
6. [ ] OTHER (Explain)

7. IF SERVICES THROUGH CHAPTER 31 WERE PROVIDED, BRIEFLY DESCRIBE THE PROGRAM GOAL, LENGTH AND TYPE OF SERVICES AND VETERAN'S PROGRESS. ATTACH A COPY OF THE VETERAN'S CURRENT REHABILITATION PLAN.

Veteran was seen by CP for 2 sessions to set up IEEP. Prior to final agreement on IEEP, veteran suffered a stroke. Veteran has been hospitalized at a DM&S facility for the past year. Prognosis for future discharge is poor. Case has been diaried for followup.

16-21 — 8. DATE: 8/15/84 — 9. STAFF SIGNATURE: Joe Smith

VA FORM MAR 1984 28-8907

COST ACCOUNTING RECORD
VA Form 28-8910

Veterans Administration

VACO USE ONLY
INFOREX RECORD
1-9
10-6
11
12-13

COST ACCOUNTING RECORD

1. FIRST NAME - MIDDLE INITIAL - LAST NAME OF COUNSELEE	2. SOCIAL SECURITY NUMBER	3. REGIONAL OFFICE
John J. Johns	224-65-1888	New York

PART I – LOG OF STAFF TIME AND AUTHORIZED EXPENSES

4. INSTRUCTIONS: All expenditures of staff time for counseling must be recorded. Record time, mileage, paperwork, completion, etc. Do not attempt to estimate cost of staff overhead. All Chapter 31 related costs authorized by VR&E staff must be listed including beneficiary and staff travel, but exclude subsistence allowance and other non-Chapter 31 related costs. If cost is unknown give estimate. Travel costs are computed at 20¢ per mile plus tolls and parking fees if USA car is used.

A. DATE	B. DESCRIPTION	C. COST		D. TIME				
		ALL COST EXCEPT STAFF TRAVEL	STAFF TRAVEL COST	ALL STAFF TIME EXCEPT TRAVEL HRS	ALL STAFF TIME EXCEPT TRAVEL MIN	STAFF TRAVEL TIME HRS	STAFF TRAVEL TIME MIN	STAFF INITIAL
8/3/84	Counsel App't				45			SJ
8/3/84	Ben. Travel	1.60						SJ
8/5/84	Program eval. forms			1	15			SJ
8/5/84	Report writing				30			SJ
8/10/84	Training prog. for IL	350.00						DD
9/1/84	Super. Ass't Visit		.85	1			50	DD
9/29/84	Wheel chair Modif.	50.00						DD
10/3/84	Super. Ass't Visit		.85	1			55	DD
11/16/84	Driver Training	150.00						DD
12/8/84	Phone Report from IL				10			DD
1/3/85	Train. program fr. IL	300.00						DD
1/12/85	Super. Ass't visit		.85		45		45	DD
4/5/85	Super. Ass't visit		.85	1	15		45	DD
4/6/85	Phone reports fr parents				15			SJ
4/10/85	Counsel App't			2				SJ
4/10/85	Ben. Travel	1.60						SJ
4/10/85	Rewrite IILP				45			DD
4/20/85	Train. prog. fr. IL	200.00						DD
5/2/85	Super. Ass't Visit		.85		45		45	DD
6/4/85	Phone rep. fr. IL				10			DD
6/4/85	Prog. Eval. Forms			2	15			DD

VA FORM MAR 1984 28-8910

VACO USE ONLY	PART II – SUMMARY
	5. TIME (Round to nearest quarter hour)
14-19	A. TOTAL STAFF TIME, EXCLUDING TRAVEL (Hours) 12-3/4
20-25	B. TOTAL STAFF TRAVEL TIME (Hours) 4
26-31	C. TOTAL STAFF TIME (Hours) (This figure will equal the sum of items on 5A and 5B.) 16-3/4
	6. COST (Round to nearest dollar)
32-37	A. COST (Excluding staff travel) $ 1053.00
38-42	B. STAFF TRAVEL COST $ 4.00
43-49	C. TOTAL COST (This figure will equal the sum of amounts on 6A and 6B.) $ 1057.00
	REMARKS
50-55	7. DATE (Month, Day, Year) 6/10/85
	8. STAFF SIGNATURE Sandy Jackson

RECORD OF OTHER VA ENTITLEMENTS
VA Form 28-8904

Veterans Administration

RECORD OF OTHER VA ENTITLEMENTS

VACO USE ONLY CARD I	1. FIRST NAME, MIDDLE INITIAL, LAST NAME OF COUNSELEE	2. SOCIAL SECURITY NUMBER
1-9	John J. Johns	224-65-1888
	3. REGIONAL OFFICE	
10 5	New York	
11 1		

PART I - VA ENTITLEMENTS USED

12 __

INSTRUCTIONS: Do not include medical care, pension, compensation, clothing allowance, or items listed on VA Form 28-8910, Cost Accounting Record. List only entitlements received for the first time after selection was approved for the pilot program. If exact cost is unknown give a best estimate and note it is an estimate by recording "(EST)" after dollar amount. If cost is a recurring cost (e.g. monthly aid and attendance), record total dollars spent during this rating period under Column B.

	4. ENTITLEMENT	A. DATE OBTAINED	B. COST OF VALUE OF BENEFIT	C. INITIALS
13-17	5. AUTOMOTIVE OR OTHER CONVEYANCE			
18-21	6. ADAPTIVE EQUIPMENT - AUTO	11/8/84	2500	SJ
22-25	7. AID AND ATTENDANCE			
26-29	8. PROSTHETIC APPLIANCE LIST			
	° Transfer Bars	8/30/84	250(est)	DD
30-33	°			
34-37	°			
38-41	°			
42-45	°			
46-50	9. HOUSING ASSISTANCE			
	° SPECIALLY ADAPTED HOME	1/5/85	2000	SJ
51-56	° VETERANS MORTGAGE LIFE INSURANCE			
57-62	° DIRECT VA HOME LOAN			
63-68	° GUARANTEED HOME LOAN			
69-72	10. OTHER (Specify)			
73-76				
77-81	11. TOTAL COST		4,750	

VA FORM MAR 1984 **28-8904**

PART II - SUBSISTENCE RECEIVED

12. Record subsistence awards during veteran's participation in the pilot program.

WACO USE ONLY	EFFECTIVE DATE OF AWARD	ENDING DATE OF AWARD	RATE OF PARTICIPATION (Check one box)					SUBSISTENCE RATE
			LESS THAN ¼ TIME	¼ TIME	½ TIME	¾ TIME	FULL TIME	
82-99	8/10/84	1/28/85	1 ☐	2 ☐	3 ☐	4 ☐	5 ☒	282
100-117 INFOREX CARD II	1/3/85	4/19/85	1 ☐	2 ☐	3 ☐	4 ☒	5 ☐	212
1-9 10 5 11 2 12 – 13-30	4/20/85	2/30/85	1 ☒	2 ☐	3 ☐	4 ☐	5 ☐	0
31-48	5/1/85	5/31/85	1 ☐	2 ☐	3 ☒	4 ☐	5 ☐	141
49-66			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
67-84			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
85-102			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
103-120 INFOREX CARD III			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
1-9 10 5 11 3 12 – 13-30			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
31-48			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
49-66			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
	REMARKS							
67-72	13. DATE 6/4/85		14. STAFF SIGNATURE Sandy Jackson					

MODIFIED QUALITY OF LIFE
VA Form 28-8908

Veterans Administration

VACO USE ONLY
INFOREX RECORD

MODIFIED QUALITY OF LIFE

1. FIRST NAME – MIDDLE INITIAL – LAST NAME OF VETERAN: John J. Johns
2. SOCIAL SECURITY NUMBER: 224-65-1888
3. REGIONAL OFFICE: New York
4. DATE: 8/3/84

NOTE: This form is designed to tell us how things are going in your life. For each item below, check the number which best describes your feelings.

If things related to the item are going very well, check the block under "1" which represents "great." If things are going very poorly, check the block under "7" which represents "lousy." If things are going "OK," then check the box under "4." If things are not going "great," but are better than "OK," check either box under "2" or "3." If things are not "OK," but are better than "lousy," check either box under "5" or "6." If the item does not apply to you, check the box under "NA." (Check one)

VARIABLE	N/A 9	GREAT 1	2	3	OK 4	5	6	LOUSY 7
12 MY DAY IS					✓			
13 MY JOB IS	✓							
14 MY LEISURE TIME IS				✓				
15 MY ENVIRONMENT (where I live, home, neighborhood, weather) IS						✓		
16 MY EATING IS						✓		
17 MY SLEEP IS						✓		
18 MY INCOME/MONEY IS				✓				
19 I GET ALONG WITH MY CHILDREN	✓							
20 I GET ALONG WITH THE MAN/WOMAN I LOVE	✓							
21 I GET ALONG WITH OTHER PEOPLE						✓		
22 MY EMOTIONAL WELL BEING IS						✓		

23. DO I LIKE MYSELF? (Check one)
1. ☐ YES, I LIKE MYSELF 2. ☒ I'M OK 3. ☐ NO, I NEED A LOT OF CHANGE

24. HOW SATISFIED AM I WITH SERVICES I HAVE RECEIVED FROM THE VOCATIONAL REHABILITATION AND COUNSELING DIVISION? (Check one)

SCALE

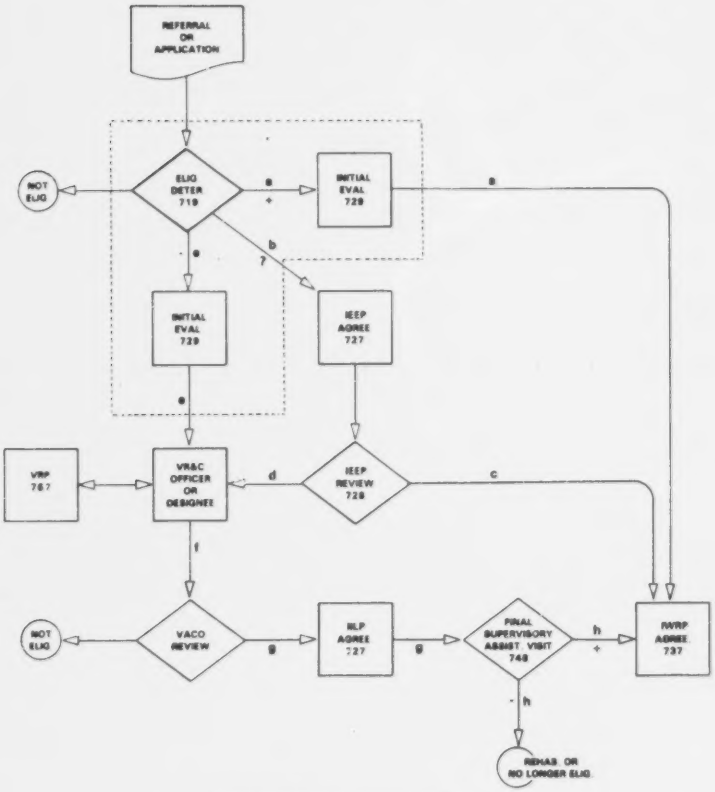
1. ☐ VERY SATISFIED 2. ☒ 3. ☐ NOT SATISFIED OR DISSATISFIED 4. ☐ 5. ☐ VERY DISSATISFIED

REMARKS

VA FORM MAR 1984 28-8908

651061

FLOW CHART DEMONSTRATING
PILOT PROGRAM IN RELATION TO
OTHER CHAPTER 31 PROCESSES



Letters correspond to processes described in paragraph 20 of this circular.

The chart is limited to basic processing related to the pilot program of independent services.

39-983 O - 84 - 10

APPENDIX C

DVB Circular 28-80-3, Appendix O,
Change 6, Independent Living Services
(Telegraphic Message)
April 19, 1982

INFORMATION COPY

TELEGRAPHIC MESSAGE

NAME OF AGENCY	PRECEDENCE	SECURITY CLASSIFICATION
VACO	ACTION: R INFO.	
ACCOUNTING CLASSIFICATION	DATE PREPARED: 4/12/82	FILE
FOR INFORMATION CALL		
NAME: KAREN BOIES, PH.D.	PHONE NUMBER: 389-3098	TYPE OF MESSAGE: ☐ SINGLE ☒ BOOK ☐ MULTIPLE ADDRESS

THIS SPACE FOR USE OF COMMUNICATION UNIT

MESSAGE TO BE TRANSMITTED *(Use double spacing and all capital letters)*

TO: ALVARO EXCEPT MANILA

APR 19 1982

00/28 DVB CIRCULAR 28-80-3, INDEPENDENT LIVING SERVICES (APP. O), CHANGE 6

1. IT IS THE INTENT OF CONGRESS THAT THE PILOT PROGRAM OF INDEPENDENT LIVING SERVICES BE FULLY IMPLEMENTED TO ASSURE THAT ELIGIBLE VETERANS IN NEED OF INDEPENDENT LIVING SERVICES RECEIVE THIS ASSISTANCE. IN ADDITION, THIS PROGRAM PROVIDES AN OPPORTUNITY TO COLLECT DATA TO ASSIST THE VA IN LONG-RANGE PLANNING FOR VETERAN NEEDS.

2. TO DATE, THERE HAS BEEN INSUFFICIENT DEVELOPMENT OF RESOURCES AND INADEQUATE IDENTIFICATION OF POTENTIAL VETERAN CANDIDATES. ADDITIONAL STEPS MUST BE TAKEN TO CORRECT THIS PROBLEM. EACH REGIONAL OFFICE WILL ASSURE THAT BY JULY 1, 1982, A MINIMUM NUMBER OF VETERANS WILL BE PARTICIPATING IN THE PROGRAM.

✓ CC: 201C

PAGE NO.	NO. OF PGS.	SECURITY CLASSIFICATION
1	3	

STANDARD FORM 14
REVISED 11-80
GSA FPMR (41 CFR) 101-35.306

Previous editions usable NSN 7540-00-634-3968 ☆ U.S. Government Printing Office: 1981—341-688/4284 14-180

TELEGRAPHIC MESSAGE

NAME OF AGENCY	PRECEDENCE ACTION: INFO:	SECURITY CLASSIFICATION
ACCOUNTING CLASSIFICATION	DATE PREPARED	TYPE OF MESSAGE ☐ SINGLE ☐ BOOK ☐ MULTIPLE-ADDRESS
FOR INFORMATION CALL		
NAME	PHONE NUMBER	

THIS SPACE FOR USE OF COMMUNICATION UNIT

MESSAGE TO BE TRANSMITTED *(Use double spacing and all capital letters)*

TO:

A. THE FOLLOWING REGIONAL OFFICES WILL ASSURE A MINIMUM OF 3 PROGRAM PARTICIPANTS:

ATLANTA	CLEVELAND	DENVER
BOSTON	CHICAGO	HOUSTON
NEW YORK	DETROIT	LOS ANGELES
PHILADELPHIA	INDIANAPOLIS	PORTLAND
ST. PETERSBURG	MONTGOMERY	SAN FRANCISCO
	MUSKOGEE	WACO

B. THE FOLLOWING REGIONAL OFFICES WILL ASSURE A MINIMUM OF 2 PROGRAM PARTICIPANTS:

BUFFALO	LITTLE ROCK	PHOENIX
COLUMBIA	MILWAUKEE	SAN DIEGO
NEWARK	NASHVILLE	SEATTLE
ROANOKE	NEW ORLEANS	WICHITA
WASHINGTON	ST. LOUIS	
WINSTON-SALEM	ST. PAUL	

PAGE NO.	NO. OF PGS.
2	3

SECURITY CLASSIFICATION

STANDARD FORM 14
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U.S. GOVERNMENT PRINTING OFFICE 1970 O-[illegible]-225

14-102

TELEGRAPHIC MESSAGE

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THIS SPACE FOR USE OF COMMUNICATION UNIT		

MESSAGE TO BE TRANSMITTED *(Use double spacing and all capital letters)*

TO:

C. THE REMAINING REGIONAL OFFICES WILL ASSURE A MINIMUM OF 1 PROGRAM PARTICIPANT EACH.

3. ANY REQUEST FOR DEVIATION MUST BE SUBMITTED IN WRITING TO THE FIELD DIRECTOR (281B).

4. NO CONFIRMING COPY TO FOLLOW. 28/20

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201A 201B 201C

PAGE NO.	NO. OF PGS.	SECURITY CLASSIFICATION
3	3	

STANDARD FORM 14
REVISED 11-80
GSA FPMR (41 CFR) 101-35.306

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APPENDIX D

DVB Circular 28-82-5, Identifying Potential Candidates for the Pilot Program of Independent Living Services
April 27, 1982

Department of Veterans Benefits
Veterans Administration
Washington, D. C. 20420

DVB Circular 28-80-3

November 7, 1980

VOCATIONAL REHABILITATION AND COUNSELING PROVISIONS OF THE VETERANS' REHABILITATION AND EDUCATION AMENDMENTS OF 1980 (PL 96-466)

1. PURPOSE. This issue is to inform DVB field staff about changes to chapter 31, title 38, U.S.C., resulting from the enactment of PL 96-466. While the focus is on the vocational rehabilitation provisions of the law, other aspects relevant to VR&C (Vocational Rehabilitation and Counseling) operations are also discussed.

2. BACKGROUND. During FY 1978 the VA completed and submitted to the Congress a study of the VA vocational rehabilitation program as mandated by PL 95-202. The study included an analysis of the VA vocational rehabilitation program, a comparison of chapter 31 provisions with the State/Federal program provisions, and recommendations for administrative and legislative changes needed to update and modernize the program. Subsequently, proposed legislation was introduced in both houses of Congress by request of the VA. After consideration of these and other proposals, Congress enacted PL 96-466, "Veterans' Rehabilitation and Education Amendments of 1980," which was signed into law on October 17, 1980. Title I of PL 96-466 updates and expands the VA vocational rehabilitation program. This complete revision of chapter 31, the first since its inception in 1943, improves the vocational rehabilitation program and assures that service-connected disabled veterans will benefit from the latest concepts and methods developed in the field of rehabilitation. The VA has the authority to make the chapter 31 program more responsive to the needs of service-disabled veterans, especially the more seriously disabled.

3. OVERVIEW

a. Title I - Rehabilitation Amendments

(1) Purposes. The purpose of the rehabilitation program is expanded to provide for all services and assistance necessary to enable service-disabled veterans to achieve maximum independence in daily living, and to the maximum extent feasible, to become employable and to obtain and maintain suitable employment. This statement of purpose significantly differs from the traditional view which limited vocational rehabilitation to restoration of employability through training, and the provisions of the new law clearly reflect this fundamental change in philosophy.

(2) Eligibility and Entitlement. Eligibility for and entitlement to services are organized around two basic concepts - employment handicap and serious employment handicap. Employment handicap must be shown in each case as part of the determination of basic entitlement. The basic period of eligibility has been extended from 9 to 12 years. Rehabilitation programs will not exceed 48 months, unless a longer period is warranted in the individual case. A finding of a serious employment handicap is a key factor in most provisions for extension of the period of eligibility beyond the basic 12-year period and for extension of the duration of a rehabilitation program beyond 48 months.

(3) Extended Evaluation and Independent Living Services. Those veterans for whom feasibility of vocational rehabilitation cannot be immediately determined will now enter extended evaluation programs and receive pretraining services. Such evaluation and services will be provided to determine if the veteran may attain a level necessary to either enter vocational rehabilitation training or a rehabilitation program having the objective of achieving maximum independence in daily living. For this last purpose, a special pilot program of limited scope and duration has been authorized to enable some of the most severely disabled veterans to undergo an intensive and innovative program of independent living services.

(4) Individualized Planning. Rehabilitation planning will now include not only those services needed to improve the veteran's ability to function in employment, but also in his or her family and community. An individual written rehabilitation plan, to be jointly developed by VA staff and the veteran, will be the means through which the goals of most rehabilitation programs are developed, and will delineate the means and time by which these goals will be achieved.

(5) Allowances. Enhanced financial provisions include an overall 17 percent increase in subsistence allowance, an increase in the revolving fund loan maximum, increased subsistence allowance for nominal pay or nonpay training, subsistence allowance during periods of extended evaluation, liberalization of post-rehabilitation payment and other considerations. Under a new option, chapter 31 participants with remaining chapter 34 entitlement may elect to receive the higher chapter 34 educational allowance, in lieu of subsistence allowance and other training costs, while still being able to receive almost the full range of chapter 31 services.

(6) Employment Assistance. To carry out the full purposes of the program, the scope of services and assistance has been broadened to include employment assistance as an integral part of the program for service-connected veterans who are or have been in vocational rehabilitation programs. In this way, veterans will be assisted to obtain and retain employment.

b. Title III - Educational Assistance Program Adjustments. While the basic provisions of this title are addressed in DVB Circular 22-80-39, VR&C staff should make note that effective October 1, 1980, mandatory counseling under chapter 35 is repealed. Provisions for special restorative training, specialized vocational training and requested counseling are retained.

c. Title IV - Post-Vietnam Era Veterans' Educational Assistance Program Adjustments. Clarification of chapter 32 is provided to indicate that effective October 1, 1980, individuals under this contributory program are eligible for counseling on request.

d. Title V - Veterans' Employment Assistance Amendments. This title addresses a variety of employment-related issues in title 38, U.S.C., chapters 41, 42, and other chapters. The DVOP (Disabled Veterans Outreach Program) is continued and strengthened. Specific priority groups of veterans are established; appointments of DVOP personnel are tied to State veteran population; and assignments of personnel are apportioned between local State employment offices and VA locations. These provisions, effective October 1, 1980, will assist the VR&C effort in fulfilling chapter 31 training and employment initiatives. They will be discussed more fully in separate issues.

4. IMPLEMENTATION. Provisions effective October 1, 1980, or upon enactment are discussed in paragraph 5. These are for immediate implementation. During the period from enactment to March 31, 1981, all other provisions of chapter 31, title 38, U.S.C., will remain in effect. Provisions effective April 1, 1981, are discussed briefly in paragraph 6 and will be more fully developed in subsequent issues prior to the effective date.

5. PROVISIONS EFFECTIVE OCTOBER 1, 1980

a. Section 1508 - Allowances. This section deals with a variety of issues involving payment of subsistence allowance, including rate increases. The following provisions are for immediate implementation.

(1) Subsistence Allowance. Rates are increased 17 percent (see exhibit A). Hines DPC will adjust running IHL and NCD awards to show the new rates and will notify RO's (regional offices) of those cases in which RO input will be necessary. All new awards should use the new rates for periods of payment extending beyond October 1, 1980.

(2) Nonpay Training. On-job or work experience trainees in a Federal agency at nominal or no pay are eligible for subsistence allowance at the institutional rate, rather than OJT rate.

(a) All new entrance or reentrance awards for nonpay OJT trainees will be at institutional rates of subsistence allowance effective October 1, 1980. Both the authorization document (VA Form 22-1905, Authorization and Certification of Entrance or Reentrance Into Training and Certification of Trainee Status) and the award document (VA Form 22-1907a, Authorization of Subsistence Allowance) will be annotated in the "Remarks" section as follows: "Unpaid Federal work experience: in receipt of institutional rates effective October 1, 1980."

(b) VR&C staff in each RO will immediately undertake a search to identify all Federal OJT or work experience cases with running awards paying the old OJT rate. VA Form 22-1905 will be prepared with the annotation in the "Remarks" section: "Adjust award for unpaid Federal work experience to pay institutional rates effective October 1, 1980." Upon receipt of VA Form 22-1905, the adjudicator will prepare VA Form 22-1907a and annotate the "Remarks" section of the award form, "Unpaid Federal work experience: in receipt of institutional rates effective October 1, 1980." This project, including award preparation, should be completed no later than December 15, 1980.

(3) Post-Rehabilitation Pay. Post-rehabilitation pay will now extend for a 2-month period following the training program and will no longer be paid as a lump sum. Payment will be at the full-time rate for the type of training pursued, regardless of the rate of pursuit during the final enrollment period. When preparing VA Form 22-1905 for a post-rehabilitation payment, the VR&C staff member must clearly specify in the "Remarks" section that a 2-month post-rehabilitation payment should be made. Upon receipt of VA Form 22-1905, the adjudicator will prepare a reentrance award on VA Form 22-1907a to extend the veteran's last award period for exactly 2 months. In the "Remarks" section, the adjudicator will annotate: "Award represents 2-month post-rehabilitation payment." The lump-sum payment indicator in item 4 of the VA Form 22-1907a will no longer be used.

(4) Incarcerated Chapter 31 Trainees. Specific provisions of the law now restrict and, in some instances, prohibit payment of chapter 31 subsistence allowance to veterans incarcerated in a Federal, State or local penal institution, halfway house, or participating in a work release program. Immediately, VR&C staff will identify such trainees and suspend all running awards. Detailed instructions for processing these cases will be forthcoming in an appendix to this circular.

b. Section 1512 - Revolving Fund Loans. The existing RFL (Revolving Fund Loan) benefit is modified to increase the maximum loan which may be authorized from $200 to an amount twice the monthly subsistence rate for a single veteran in institutional training (currently $564).

(1) Loan Approval and Documentation. Prudent management is a critical aspect of administering this substantially increased benefit. Strict assurance must be given that loans in any amount are authorized only for meritorious reasons. The VRS must make careful evaluation of the need for the loan and the amount of the loan. The VRS will document findings of the evaluation on VA Form 22-1905d, Special Report of Training.

(2) Loan Amount and Repayment. The loan amount authorized shall not exceed that needed to assure the veteran's continuation in the program. Repayment should be made as quickly as possible, taking into account the effect of such terms upon the veteran's ability to continue in his or her rehabilitation program. The VRS must review with the veteran whether there is a need for other kinds of assistance, for example, assistance in budgeting.

(3) Special Considerations

(a) New loan requests will not be approved until any outstanding RFL has been fully recouped.

(b) Any loan in excess of $200 will require Central Office approval. Such requests accompanied by complete documentation justifying the request will be forwarded to the Field Director (28).

(4) Other Provisions. Chapter 34 educational assistance allowance has been added to sources for RFL repayment. Also, note that chapter 31 trainees who elect to receive a chapter 34 educational assistance allowance are not eligible for the RFL benefit.

c. Section 1516 - Promotion of Employment and Training. Employment as the goal of rehabilitation is emphasized by targeting veterans who are or have been participating under the chapter 31 program, any veterans with service-connected disabilities and Vietnam era veterans targeted under Title 38, U.S.C., Chapter 42, "Employment and Training of Disabled and Vietnam Era Veterans." Both direct outreach efforts to employers by VA staff and coordination with other agencies are mandated in order to develop and establish employment and on-job training opportunities. Stations should include this in all VA/DOL (Department of Labor) local agreements. This section also authorizes payment to an employer/trainer which does not exceed the direct expenses incurred in providing on-job training or employment. Regulations to implement the provisions for payment to an employer/trainer will be developed in consultation with the DOL and distributed. No local action on payment to an employer/trainer will be taken until these regulations are received.

d. Section 1518 - Personnel Training, Development and Qualifications. Ongoing professional training for VR&C personnel is authorized to enable them to provide such services under chapter 31 in accordance with the most advanced knowledge, methods, and techniques available. VA may contract with consultants and/or agencies to provide training and staff development. Training in areas of mutual concern will be coordinated by the VA with DOL and RSA (Rehabilitation Services Administration). The Administrator will establish qualifications for professional staff providing evaluation and rehabilitation services under chapter 31.

e. Section 1519 - Rehabilitation Research and Special Projects. Research and special projects are authorized to advance psychological, educational, employment, social, vocational, industrial and economic aspects of rehabilitation of veterans. Authorization is given to actively engage in and/or support studies, projects and research and to make grants and enter into contracts with educational institutions and other agencies. Cooperation with RSA, DOL, and NIHR (National Institute for Handicapped Research) in areas of mutual concern is also mandated. All such efforts will be undertaken only with prior Central Office approval.

f. Section 1520 - Pilot Program of Independent Living Services and Assistance. Beginning in FY 1982 and continuing through FY 1985, a pilot program of independent living services will be provided for severely handicapped service-connected veterans for whom a vocational goal is not reasonably feasible, including veterans in long-term care facilities of the VA. Each year up to 500 veterans may enter this program, which will be implemented in the various geographic regions of the United States. An individualized written plan will be prepared in the same manner as for a veteran in a vocational rehabilitation program. Services necessary to carry out the rehabilitation plan will be provided through contractual arrangements made with outside agencies and organizations or through DM&S (Department of Medicine and Surgery). A report on these programs including accomplishments, cost effectiveness and legislative recommendations must be submitted to the Congress by September 30, 1984. Although the effective date for funding the pilot program is October 1, 1981, planning for program establishment will begin on October 1, 1980, the effective date of the program.

g. Section 1521 - Veterans' Advisory Committee on Rehabilitation. This section requires the Administrator to appoint an advisory committee with whom to consult on a regular basis concerning the chapter 31 program. The members will include veterans with service-connected disabilities and persons distinguished in the general and special fields of rehabilitation. Ex officio members will represent DVB, DM&S, RSA, NIHR, and DOL. An annual report will be submitted to the Administrator and forwarded to Congress along with other relevant reports and recommendations.

h. Other Provisions

(1) Section 1780 - Payment of Educational Allowance or Subsistence Allowance. Chapter 36, title 38, U.S.C., is amended to provide that, in addition to weekends and legal holidays, up to 5 days in a 12-month period will not be counted as absences if the institution is not in session on those days due to teacher conferences or teacher training sessions, and regularly scheduled classes would otherwise have been held.

(2) Section 1781 - Limitations on Educational Assistance. Chapter 36, title 38, U.S.C., is amended to include subsistence allowance granted under chapter 31 as an additional category of prohibited payments to certain servicepersons and Government employees receiving training. This codifies existing VA Regulation 10022.

(3) Section 1795 - Limitation on Period of Assistance Under Two or More Programs. Chapter 36, title 38, U.S.C., is amended to include chapter 32 entitlement used in consideration of the 48-month limitation under two or more programs. Although assistance received under chapter 31 must be included with assistance under other chapters in considering the aggregate 48-month limitation on total training, additional months of benefits may be allowed under chapter 31 when determined necessary to accomplish rehabilitation in the individual case.

i. Title V - Disabled Veterans Outreach Program

(1) Scope and Eligibility. The DVOP is placed on a continuing basis at a level of approximately 2,000 specialists nationwide. DVOP personnel are assigned only those duties directly related to meeting the employment needs of eligible veterans. Priority is as follows: disabled Vietnam veterans who are participating in or have completed a program of vocational rehabilitation under chapter 31, other disabled veterans, and eligible veterans included under employment emphasis under chapter 42.

(2) Location of DVOP Personnel. No more than three-fourths of DVOP staff stationed in each State will be stationed at local State employment offices. DVOP staff not stationed at local employment offices shall be stationed at VA centers providing a program of readjustment counseling, veterans assistance offices, or other sites as may be determined appropriate for coordinated development of job training and employment opportunities.

6. PROVISIONS EFFECTIVE APRIL 1, 1981. The majority of the provisions which complete the updating and expansion of the vocational rehabilitation program are effective April 1, 1981. Instructions governing the implementation of these provisions will be issued prior to that effective date.

a. Section 1500 - Purpose. The purposes of chapter 31 are modified to include all services and assistance needed to "enable veterans with service-connected disabilities to achieve maximum independence in daily living and, to the maximum extent feasible, to become employable and to obtain and maintain suitable employment."

b. Section 1501 - Definitions. Terms defined include employment handicap, serious employment handicap, rehabilitation program, vocational goal, vocational rehabilitation program, independence in daily living, program of independent living services and assistance, and rehabilitated to the point of employability.

c. Section 1502 - Basic Entitlements. The conditions of basic entitlement for rehabilitation include the existence of a service-connected compensable disability incurred or aggravated during or after World War II. In addition, a serviceperson with a service-connected disability which will probably be classified as compensable who is hospitalized pending discharge is eligible. Need for rehabilitation because of an "employment handicap" must be established in all cases.

d. Section 1503 - Periods of Eligibility. The basic 9-year period currently in effect is extended to 12 years. Conditions for extension beyond the basic period of eligibility have been liberalized for veterans with "serious employment handicaps," for veterans prevented from participating in a vocational rehabilitation program due to medical factors or due to eligibility not being established, and for severely disabled veterans participating in the pilot program of independent living services and assistance.

e. Section 1504 - Scope of Services and Assistance. The statutory range of services and assistance available is expanded while retaining all services and assistance furnished under current law and regulations. New provisions include authorization for extended evaluation and reevaluations to determine potential for rehabilitation, to determine whether a serious employment handicap exists, to provide a basis for planning a rehabilitation program, and/or to improve the rehabilitation potential of a veteran. Placement and followup services and assistance necessary to establish severely disabled veterans in self-employment are also added. Many services and types of assistance currently available through VA regulations are now included specifically in the law.

f. Section 1505 - Duration of Rehabilitation Programs. The current basic 48-month period for rehabilitation services is continued, and conditions for an extension beyond 48 months have been liberalized to accomplish the purposes of vocational rehabilitation for a veteran with a serious employment handicap. A period for extended evaluation of up to 12 months is authorized if the VA is unable to determine whether the veteran can achieve a vocational goal, with additional 6-month extensions of that period possible for an individual veteran. A severely disabled veteran found to be in need of a program of independent living services and assistance may be authorized a rehabilitation program for a basic period of 24 months, but the period may be extended if it is determined that a longer period is necessary and likely to result in a substantial increase in the level of independent living.

g. Section 1506 - Initial and Extended Evaluations. An initial evaluation will be made in all cases to establish eligibility for the chapter 31 program, to determine whether a serious employment handicap exists, and to determine whether the achievement of a vocational goal is feasible. That initial evaluation shall consist of counseling and diagnostic or other services. In addition, an extended evaluation will be authorized when it cannot be determined whether the achievement of a vocational goal is reasonably feasible. Each veteran with a serious employment handicap will be provided counseling and an individually written vocational rehabilitation plan, whether pursuing a vocational goal or an independent living goal.

h. Section 1507 - Individualized Vocational Rehabilitation Plan. The minimum essential elements of an individualized written plan of vocational rehabilitation are prescribed in the law for the veteran with a serious employment handicap. The plan developed jointly with the veteran will be reviewed annually and redeveloped if appropriate. A veteran not in agreement with an original or redeveloped plan may submit his or her objections and request a VA review of the plan. Time limits are established for the review process.

i. Section 1508 - Allowances

(1) Election of Chapter 34 Allowance. A chapter 31 eligible veteran may elect to use remaining chapter 34 entitlement and receive educational assistance in lieu of subsistence allowance, but remain eligible for certain other chapter 31 services. Despite election of chapter 34 allowance, the veteran is a vocational rehabilitation trainee. The St. Paul DPC statistical system will be updated to reflect chapter 34 award periods which form part of a program of vocational rehabilitation. System modifications to simultaneously reduce remaining chapters 31 and 34 entitlement for such veterans will be developed.

(2) Extended Evaluation. Subsistence allowance is now authorized for veterans participating in extended evaluation.

(3) Specialized Rehabilitation Facility. For a veteran pursuing a rehabilitation program in residence at a special rehabilitation facility, authority has been granted to make payment to the facility for room and board in lieu of subsistence allowance. If such a payment to the facility is made, however, the veteran will receive the portion of the subsistence allowance for dependents for a full-time institutional program.

(4) Temporary Hospitalization Rating. If a hospitalized trainee is temporarily receiving compensation at the 100 percent level as a result of hospitalization in excess of 21 days, the sum of the combined chapter 31 subsistence allowance and compensation benefits is limited either to the sum of the subsistence allowance due and the pre-hospitalization compensation rate received, or the 100 percent disability compensation rate, whichever is the greater.

j. Section 1509 - Entitlement to Independent Living Services and Assistance. If it is determined that the achievement of a vocational goal is not reasonably feasible, a veteran is entitled to be considered as one of those selected to be in the pilot program of independent living services and assistance to achieve maximum independence in daily living.

k. Section 1510 - Leaves of Absence. The authority to grant leaves of absence to veterans pursuing vocational rehabilitation training is continued. The current 30-day limit during a 12-month period is eliminated.

l. Section 1511 - Regulations to Promote Satisfactory Conduct and Cooperation. Authority to establish regulations to promote satisfactory conduct and cooperation is continued. In addition, the VA must determine that all reasonable counseling efforts have been made prior to discontinuing services and assistance for failure to maintain satisfactory conduct and cooperation. The specific penalities formerly stated in the law are removed.

m. Section 1513 - Vocational Rehabilitation for Hospitalized Members of the Armed Forces and Veterans. The VA will continue to afford vocational rehabilitation services and assistance to persons hospitalized pending discharge from military service. However, payment of subsistence allowance is prohibited. In addition, chapter 31 services, including subsistence, subject to limitations in subparagraph i(4) above, may be provided to a veteran receiving care in a VA facility or other medical or hospital facility.

n. Section 1514 - Vocational Rehabilitation Outside the United States. Regulations will be prescribed to allow provision of a vocational rehabilitation program outside the United States, if it is determined to be necessary for purposes of rehabilitation, and if it is in the best interests of the veteran and the Government. Some provisions of the previous law are eliminated and more flexibility is delegated to the VA than was formerly permitted.

o. Section 1515 - Rehabilitation Resources. The VA will utilize facilities, staff and resources of the VA and those of other Agencies or public and private facilities or individuals for purposes of providing training, work experience, or

other rehabilitation services, through contract agreement or other arrangements. A veteran pursuing on-job training or work experience in a Federal agency continues to be considered an employee of the United States under chapter 81, title 5, U.S.C., but not for purposes of laws administered by the OPM (Office of Personnel Management). Medical care is to be provided in VA facilities or as otherwise set forth under chapter 17, title 38, U.S.C.

p. Section 1517 - Employment Assistance. The VA is now required to provide employment assistance to veterans with a service-connected disability who have participated under chapter 31 or in a similar program under the Rehabilitation Act of 1973. The services to veterans include direct placement, assistance of DVOP staff, use of DOL's employment services, the services of OPM, placement facilities provided under the Rehabilitation Act of 1973 or other public or nonprofit organizations. The VA must assure that the veteran rehabilitated for self-employment in a small business is provided the full benefit of the resources of the SBA (Small Business Administration), including veterans preference. If a veteran trained under a State program is unable to obtain necessary equipment, initial stocks and supplies through that program or from other sources, the VA may provide them.

7. INSERVICE TRAINING. This legislation represents the most important change in the program since it was established in 1943, and it is essential that provisions are communicated to the regional office Director and to VR&C and other staffs who will be carrying out the program. Each person in the VR&C Division will be furnished a copy of this issue. A staff meeting will be scheduled and the circular's provisions will be reviewed in-depth. Staffs in other Divisions, including Adjudication and Veterans Services, will be invited to participate in these meetings or, if desired, the VR&C Officer will brief staffs of those Divisions as part of their own inservice training programs.

Dorothy L. Starbuck

DOROTHY L. STARBUCK
Chief Benefits Director

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EX: ASO and AR, 1 each

RATES FOR SUBSISTENCE ALLOWANCE UNDER CHAPTER 31 OF TITLE 38, U.S.C.

TYPE OF PROGRAM	NO DEPS.	ONE DEP.	TWO DEPS.	ADD'L AMT. FOR EACH DEP OVER TWO
Institutional training*				
Full time	$282	$349	$411	$30
Three-quarter time	212	262	308	23
Half time	141	175	206	15
Farm-cooperative, apprenticeship or other on-job training				
Full time	246	297	343	22
Extended evaluation				
Full time	282	349	411	30
Independent living training				
Full time	282	349	411	30
Three-quarter time	212	262	308	23
Half time	141	175	206	15

*Institutional training includes IHL, NCD, and nonpay or minimal pay OJT or work experience in a Federal agency.

Department of Veterans Benefits
Veterans Administration
Washington, D.C. 20420

DVB Circular 28-82-5

April 27, 1982

IDENTIFYING POTENTIAL CANDIDATES FOR THE PILOT PROGRAM OF INDEPENDENT LIVING SERVICES

1. PURPOSE. This issue provides instructions for identification of potential candidates for the pilot program of independent living services and describes the report required on these activities.

2. BACKGROUND. Public Law 96-466 directs the VA to initiate a pilot program of independent living services in FY 82 and continuing through FY 85. The VA is required to report to Congress no later than September 30, 1984, on the outcome and cost-effectiveness of this program. DVB Circular 28-80-3, Appendix O, Independent Living Services, describes the operation of the independent living pilot project. To address these study questions adequately, a sufficient number of veterans must participate in the pilot program. The current referral rate suggests that reliance primarily on veterans whom the VA has determined to be infeasible for a vocational objective as a source will not result in a sufficient number of program participants. To assure sufficient participation, VR&C staff must utilize other resources to identify potential candidates.

3. IDENTIFICATION AND MOTIVATION OF POTENTIAL PILOT PROGRAM CANDIDATES. It is the responsibility of each VR&C Officer to assure that an organized and persistent campaign to identify and motivate potential pilot program candidates be initiated at this time. At a minimum, the following resources for potential candidates should be thoroughly explored and/or developed.

a. Listing of Infeasibility Determinations. A listing of veterans for whom training for a vocational objective was determined to be infeasible will be sent under separate cover. This list will be by regional office jurisdiction and will include veterans for whom this determination was made during the calendar years 1976 through 1980. VR&C Officers should develop a similar list from their station records from January 1981 to the present.

(1) Folder Review. The VR&C Officer will supervise requests for and review of the claims and/or counseling folders for each identified veteran. The purpose of this review is to rule out those veterans who are clearly unsuitable for the pilot program per the criteria described in DVB Circular 28-80-3, appendix O, paragraph 7c(1).

(2) Veteran Contact. Veterans identified by this review as potential candidates will be contacted by telephone, or by letter if telephone contact cannot be made. The program will be described to the veteran. Those interested will be mailed a VA Form 28-1900, Disabled Veterans Application for Vocational Rehabilitation, with

"ILP" in capital letters noted on the lower right corner of the form. A preaddressed envelope may be included but postage may not be paid by the VA. A 30-day local diary control will be established when the application is mailed. If the completed application is not received within 30 days, at least one followup contact will be made to be sure the veteran has every opportunity to apply for the program. These efforts will be documented on VA Form 119, Report of Contact.

(3) Homebound Veterans. If a veteran is unable to come to the office, but has the interest and/or potential to be a candidate for the program, a visit to the veteran's home should be arranged. Visits may be made for the purpose of explaining the program and/or assisting the veteran in completing the VA Form 28-1900. This is necessary to assure that these potential candidates have an opportunity to participate in the pilot program if eligible.

b. Veterans Residing in DM&S Facilities. Veterans on the inpatient rolls of VA DM&S facilities (medical centers, nursing homes, spinal cord injury centers, blind rehabilitation centers, domiciliaries and independent living centers) as well as those veterans in VA-contract nursing homes and on DM&S outpatient rolls may also be potential candidates. The VR&C Officer will assure that contact is made with these facilities within his or her regional jurisdiction to inform relevant staff about the new pilot program and to request identification of potential candidates. Such liaison shall be coordinated with the DM&S case manager. Locations and telephone numbers for DM&S independent living centers, spinal cord injury centers and blind rehabilitation centers are given in exhibit A.

c. Veterans Service Organizations and Non-VA Independent Living Programs. Veterans service organizations and non-VA independent living programs will be contacted and informed of the new program. Help in the identification of potential candidates will be requested. The application process will be explained and several copies of VA Form 28-1900 will be given to the appropriate organization or program representative.

d. State Vocational Rehabilitation Agencies. The VR&C Officer will personally contact his/her counterpart in the State vocational rehabilitation agency to acquaint that agency with the new pilot program and to request help in the identification of potential candidates. The application process will be explained and copies of VA Form 28-1900 will be provided to the agency.

4. REPORTING PROCEDURES. A recurring report on the number of new veteran referrals and the outcome of veteran contacts for each reporting period will be prepared quarterly beginning July 1982. This report is designated RCS 28-4.

a. Due Dates. These reports will be submitted to reach the appropriate Field Director (281B) no later than the 14th workday following the quarter being reported. Quarters to be reported are as follows:

April 1 through June 30, 1982;
July 1 through September 30, 1982;
October 1 through December 31, 1982.

b. Required Data. The data will be reported using a table format with column headings of VR&C referrals, self-referrals, DM&S referrals and other referrals. Row headings will be the number of new referrals, number of records reviewed, number of potential candidates, number of veterans refusing program, number of veterans who cannot be contacted, number of veterans requesting VA Form 28-1900, number of initial evaluation appointments made, number of initial evaluations completed, number of veterans referred to VRP (Vocational Rehabilitation Panel) and the number of veterans referred to Central Office by the VRP. See exhibit B for a more detailed explanation of the categories.

c. Data Format. The recommended format for data reporting is given in exhibit C.

5. WORK MEASUREMENT. Instructions for taking EP's (end products) given in DVB Circular 28-80-3, Appendix L, Revised, Vocational Rehabilitation and Counseling End Products, will be followed.

a. EP 707: Motivation/Outreach Services. This EP will be taken only after the documentation (VA Form 119) of the success or failure of contact attempts. Reviews of lists and folders are included in the EP and it will not be taken a second time.

b. EP 709: Scheduling Services. This EP will not be taken for only verbal communication of an appointment.

c. EP 719: Eligibility Determinations. When documentation is completed (VA Form 22-1902b, Veterans Administration Counseling Record - Appraisal - Selection of Objective, and VA Form 28-8871, Certification of Eligibility/Feasibility), this EP will be taken. For a veteran to be included in the pilot program, it must be determined that the achievement of a vocational goal is not feasible as certified in item 4 on VA Form 28-8871. If a prior determination of eligibility (EP 719) was made under Public Law 96-466, this EP will not be taken a second time.

d. EP 727: IEEP Agreement. This EP will be taken upon completion of an IILP agreement in a manner analogous with the IEEP agreement.

e. EP 728: IEEP Review. This EP will be taken only once, when the final review and evaluation of a veteran's IILP is completed and the veteran will no longer be continued under an IILP.

f. EP 729: Initial Evaluation. This EP will be taken when all data necessary to provide a basis for planning are obtained and documented on VA Form 22-1902b.

g. EP 767: Vocational Rehabilitation Panel Services. This EP is taken by the chairperson after the panel recommendation is documented and the required data have been forwarded to Central Office (see DVB Circular 28-80-3, app. O, par. 7c(3)).

h. EP 777: Liaison/Consultation Services. When all actions relevant to the liaison activities described in paragraph 3b, c, and d are substantially documented on VA Form 119, this EP will be taken.

i. Other. Time involved in the tabulation and preparation of the report for Central Office described in paragraph 4 will be accounted for as follows:

(1) Clerical time will be charged to clerical overhead;

(2) VR&C Officer's time will be charged to supervision.

6. CENTRAL OFFICE CONTACT. All questions concerning the reporting procedures should be directed to Dr. Karen Boies on FTS 389-3098 in Central Office.

7. RESCISSION: This circular is rescinded April 1, 1983.

Dorothy L. Starbuck

DOROTHY L. STARBUCK
Chief Benefits Director

Distribution: FD
CO: RPC 2908, plus (117), 1 copy
FLD: RPC 2200, plus VBC, 1 each; DMSFA, 1 each (for case manager in medical facility)
EX: ASO and AR, 1 each

DM&S INDEPENDENT LIVING CENTERS

Location	Coordinator	FTS Number
VAMC Brentwood, California	Dr. Robert Liberman	794-2542
VAMC Little Rock, Arkansas	Mr. Homer Thayer	740-1741
VAMC Northport, New York	Ms. Rhonda Orchanian	663-2278
VAMC Richmond, Virginia	Mr. Ronnie Gray	925-9426
VAMC Topeka, Kansas	Ms. Gale Watson	272-5477
VAMC Wood, Wisconsin	Dr. Kenneth Klauck	362-7363

DM&S SPINAL CORD INJURY CENTERS

Location	Chief	Commercial Number
Augusta, Georgia	Dr. Janusz Markowski	(404) 742-5116
Brockton, Massachusetts (Long-term Care Facility)	Dr. Elsa Aquilera	(617) 583-4500
Bronx, New York	Dr. Jayarga Yogaratnam	(212) 584-9000
Castle Point, New York	Dr. Juanito Crisologo	(914) 831-2000
Cleveland, Ohio	Dr. Henry Bholman	(216) 526-3030
East Orange, New Jersey	Dr. Boston Martin	(201) 676-1000
Hampton, Virginia (Long-term Care Facility)	Dr. Anton Strohhofer	(804) 722-9961
Hines, Illinois	Dr. Robert Fruin	(312) 343-7200
Houston, Texas	Dr. Michael Krebs	(713) 747-3000
Long Beach, California	Dr. Stanley Gordon	(213) 489-6226
Memphis, Tennessee	Dr. Benjamin Moeller, Jr.	(901) 523-8990
Miami, Florida	Dr. Marilyn Wells	(305) 324-4455
Palo Alto, California	Dr. Inder Perkash	(415) 493-5000
Richmond, Virginia	Dr. Robert Hussey	(804) 231-9011
San Juan, Puerto Rico	Dr. Rafael Martinez-Cayere	(809) 843-5151
Sepulveda, California (Outpatient Only)	Vacant	(206) 762-1010
St. Louis, Missouri	Dr. Robert Woolsey	(314) 487-0400
Tampa, Florida	Dr. John George	(813) 971-4500
West Roxbury, Massachusetts	Dr. Alan Rossier	(617) 323-7700
Wood, Wisconsin	Dr. Ahmed ElGhatit	(414) 384-2000

DM&S BLIND REHABILITATION CENTERS

Location	Chief	FTS Number
Birmingham, Alabama (will open 7/1/82)	Mark Voorhies	534-6332
Hines, Illinois	John Malamazian	387-2271
Palo Alto, California	Joseph Hennessey	449-4362
West Haven, Connecticut	James Acton	641-7732

DM&S BLIND REHABILITATION CLINICS

Northampton, Massachusetts	Phil Giers	836-0232
Tacoma, Washington	Tom Specht	396-6200
Waco, Texas	Tom Miller	334-6428

EXPLANATION OF DATA COLLECTION CATEGORIES FOR RECURRING REPORT OF IDENTIFICATION AND CONTACT ACTIVITIES

REFERRAL SOURCES

1. VR&C Referrals. Referrals generated from lists of medical infeasibility or from similar lists of names generated by field or Central Office VR&C personnel.

2. Self Referrals. Includes veterans who directly request the pilot program or who request vocational rehabilitation and are recommended by VR&C personnel for the pilot program. Veterans applying due to family referral would be included in this category.

3. DM&S Referrals. Veterans referred by any DM&S facility such as outpatient clinics, medical centers, independent living centers, blind rehabilitation centers, spinal cord injury centers, nursing homes, VA-contract nursing homes or domiciliaries.

4. Other Referrals. Referrals from all other sources such as non-VA independent living programs, veterans service organizations and State vocational rehabilitation agencies.

NOTE: Referrals from multiple sources will be counted in the category with the lowest item number as given above.

VR&C STAFF ACTIONS

1. Number of New Referrals. The number of original referrals for the pilot program obtained during the current reporting period only. Do not include veterans referred in earlier reporting periods.

2. Number of Records Reviewed. The number of individual veterans whose claims and/or counseling folders were reviewed during the current period. Veterans referred during prior reporting periods but not reviewed until this reporting period will be included.

3. Number of Potential Candidates. The number of potential candidates remaining after records were reviewed during the current reporting period to eliminate the clearly unsuitable candidates.

4. Number of Veterans Refusing Program. The number of veterans who, when contacted by telephone or letter during the current recording period, state they are not interested in learning more about the program.

5. Number of Veterans Who Cannot Be Contacted. The number of veterans who cannot be contacted (no telephone number, telephone is never answered, veteran does not return call, letters are returned undelivered, etc.) during the current reporting period.

6. Number of Veterans Requesting VA Form 28-1900. The number of veterans from the potentially eligible list who on initial contact (during the current reporting period) request a VA Form 28-1900.

7. Number of Initial Evaluation Appointments Made. The number of potential pilot program candidates for whom appointments for initial evaluation were made during the current reporting period after receipt of VA Form 28-1900.

8. Number of Initial Evaluations Completed. The number of potential pilot program candidates who complete initial evaluation during the current reporting period.

9. Number of Veterans Referred to VRP. The number of potential candidates referred to the VRP during the current reporting period with the recommendation to include the veteran in the pilot program.

10. Number of Veterans Referred to Central Office by VRP Chairperson. The number of veterans referred to Central Office during the current reporting period by the VRP chairperson with a recommendation for inclusion in the pilot program.

DVB Circular 28-82-5
Exhibit C

April 27, 1982

RCS 28-4

IDENTIFICATION AND CONTACT ACTIVITIES

Quarter Ending _____
(month, year)

	VSOC referrals		Self referrals		DVAS referrals		Others
Number of new referrals	10		1		12		6
Number of records reviewed	9		1		10		6
Number of potential candidates	5		1		6		6
Number of veterans refused (group)	1		1		2		2
Number of veterans who cannot be contacted	1		0		0		0
Number of veterans contacted (VSOC review)	1		0		4		1
Number of initial evaluation assignments made	1		0		4		2
Number of initial evaluations completed	1		0		4		1
Number of veterans referred to VSOC	1		0		3		1
Number of veterans referred to VSOC by VSOC	1		0		3		1

VA FORM MAR 1982 **7051b DATA SHEET**

Department of Veterans Benefits
Veterans Administration
Washington, D.C. 20420

DVB Circular 28-82-5
Change 1

December 3, 1982

IDENTIFYING POTENTIAL CANDIDATES FOR THE PILOT PROGRAM OF INDEPENDENT LIVING SERVICES

DVB Circular 28-82-5 is changed as follows:

Pages 2 and 3, paragraph 4: Delete. (The information requested in this paragraph is now collected from other sources. RCS 28-4 is canceled.)

Page 4

Paragraph 5: Delete subparagraph i.

Paragraph 6: Delete.

Pages 6 through 8: Remove these pages. (Exhibits B and C are deleted.)

DOROTHY L. STARBUCK
Chief Benefits Director

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APPENDIX E

Outline: Independent Living Services Training, Vocational Rehabilitation and Counseling Training Workshop, 1982

INDEPENDENT LIVING
VR&C WORKSHOP TRAINING
1982

I. Introduction
  A. Definition
    (1) Increased ability to function independently
    (2) Increased self-determination
    (3) Vocational feasibility not required
    (4) Law without or with reduced level of services to live and function in family and community
  B. Differences between IL and vocational rehab model
    (1) Definition of problem
    (2) Cause of problem
    (3) Solution to problem
    (4) Who controls
    (5) Desired outcomes
  C. Historical Background
    (1) Professional Rehabilitation
      - 1920: provision of voc rehab services
      - 1943: comprehensive services for vocational goal
      - 1973: Rehab Act of 1973
        o voc rehab services targeted for severely disabled
  D. Service Provider: provides discrete service
      - 1974: Boston Center for Independent Living
      - 1970's: Center for Independent Living, Berekeley -
        o civil rights provisions for disabled
      - 1978: Services directed towards an IL goal
      - 1980: Services to veterans for IL goal
    (2) Consumers
      - 1962: Univ. of Illinois - specially adapted housing for disabled students

II. IL Programs
  A. IL Centers: non-residential, coordinate or provide services
  B. Residential Programs: attendant care, residence, transportation
  C. Transitional Programs: time limited, skills training, residential
  D. Service Provider: provides discrete service

III. Independent Living Services under PL 96-466
  A. Extended evaluation: to determine vocational feasibility
  B. Training for vocational objective: to achieve vocational goal
  C. Pilot Program: to increase level of independence in community and/or family

IV. IL Services Through Extended Evaluation and Vocational Training
  IL services provided on IEEP or IWRP are provided in same

manner as any other service. EP's are taken as directed in Appendix L, Revised.

V. IL Services Through the Pilot Program

A. Eligibility and Entitlement

(1) Criteria as spelled out in DVB Circular 28-80-3, Appendix D

(2) Additional criteria: not vocationally feasible but will probably be able to function more independently

(3) Criteria is not that veteran will be able to live alone without support services

(4) Service-Connected Status
- o Need not be 100% SC, but
- o Must be seriously disabled and
- o Have functional or skills deficits resulting employment handicap and
- o SC condition must materially contribute to employment handicap Note: Existence of these conditions will be difficult to demonstrate in veterans with less than 50% service-connection for a physical disability or less than 30% for neuropsychiatric. Consult with CO.

(5) Inpatient Status
- o Does not exclude patient
- o Veteran should have potential for discharge
- o Even patients hospitalized for many years should be carefully evaluated

(6) Community Residence
- o Potential for less dependence on care giver B. Referral

(1) Self, family

(2) VR&C

(3) DM&S - Coordinate with case manager

(4) VSO

C. Vocational Rehabilitation Panel - consultation required

D. IILP

(1) Assessment of IL needs: determine desired situation (goal) after program completion - consider
- o past history
- o motivation
- o environmental barriers (social, physical, financial)
- o functional limitations and skill deficits

(2) Objectives and services: determine what must be done to obtain goal. Consider whether following services are necessary
- o transportation
- o personal care attendant (ADL)
- o skills training
- o assistive devices
- o housing
- o remotivation for IL
- o medical care

(3) Veteran's Participation in IILP development
- o consumer participation
- o problem solving skills may have to be taught

(4) Constant monitoring of IILP: to assure currency of rehab plan E. Authorization of Services

(1) Services which may be authorized:
- o evaluation
- o skills training
- o support services

(2) Services provides:
- o DM&S
- o Non-profit agencies, including agencies already receiving government funding
- o Individuals

(3) Payment Process
- o vouchers
- o individual contracts
- o available VA benefit programs F. Subsistence

(1) Training vs. Coordination of Services: subsistence may be paid only for training time, i.e., where veteran is receiving skills training

(2) Payment to DM&S Inpatients
- o 100% SC - receive compensation plus subsistence
- o less than 100% SC receive the greater of
- - prehospitalization compensation plus subsistence or
- - rate of compensation while hospitalized

G. Resources for IL

(1) Funding
- o DVB Benefits (vehicle modification, A&A, housing, etc.)
- o Community (consult with Social Work Service)

(2) Services
- o RSA - community networking, less professional expertise
- o DM&S - Blind Rehab Center, SCI, IL programs, more professional expertise, less knowledge of community resources

(3) Assistive Devices
- o Prosthetic Service in VAMC's
- o Rehabilitation Engineering Research and Development Service at CO

(4) Psychiatric Services
- o community mental health associations or centers
- o private transitional programs
- o adult homes, VA community care program
- o DM&S day care programs, mental hygiene clinics

(5) VSO's
- o peer counseling
- o potential candidate identification
- o community resources and networking

II. Identification of potential candidates
    (1) DM&S - inpatients on long term care wards, intermediate medical wards, nursing home care units, domiciliaries, contract nursing homes, foster home (community care) program
        - Social Work Service, Nursing Service, Rehabilitation Medical Service, Patient Advocate
    (2) VSO
    (3) DVR and Independent Living Programs

I. Program Evaluation
    (1) Required by PL 96-466
    (2) Data forms have been developed to determine
        o Veteran Income
        o DVB Expenditures
        o Demographic data
        o Quality of Life
        o Level of Functioning
    (3) Forms must receive OMB approval J. Work Measurement
    (1) Taken as directed in Appendix L, revised, except work involving IILP will be considered as analogous to IEEP. The development of agreement with IILP is recorded as EP 728.
    (2) Motivation/Outreach - EP 707 will be taken for outreach activities associated with the pilot program per DVB 28-80-3, Appendix L, revised.

APPENDIX F

Independent Living Pilot Program
Evaluation Goals

39-983 O - 84 - 12

INDEPENDENT LIVING PILOT PROGRAM EVALUATION
GOALS

GOAL 1: Veterans entering the pilot program will complete it.

GOAL 2: Veterans completing the program will demonstrate an increased level of independence. Increased level of independence is defined as meeting the criteria in five of the following areas.

Area	Criteria for Increased Independence
	(Comparison of scores on Counseling Record: Independent Living Evaluation form at program entrance and at program termination)
Activities of Daily Living	Increase of a total of 8 or more points on items 4-9.
Independent Living Skills	Increase of 12 or more points on items 10-20.
Household Maintenance	Increase of 8 or more points on items 22-29.
Social/Recreational	Increase of 8 or more points on items 30-38.
Educational/Vocational	Increase of 2 or more points on items 39-42.
Residence	Increase of 2 or more points on items 45-46.
Mobility Skills	Increase of 3 or more points on items 47-49.
Communication Skills	Increase of 3 or more points on items 50-53.

GOAL 3: Veterans completing the program will be determined to be able to live more independently in the community at program completion than at program start.

a. Veterans will show an increase of 2 or more points on item 54, Counseling Record: Independent Living Evaluation Form.

b. Veterans residing in institutions at program start will be in non-institutional residences at program termination.

GOAL 4: Veterans completing the program will maintain increased levels of independence and ability to live in the community at 6 months after program completion.

a. Veterans completing the program will meet one or both of the following criteria.

(1) There will be no score decreases in 5 of the 8 scales (defined in Goal 2) from program termination to 6 months after program termination.

(2) There will be no more than a 5 point decrease in the sum of all scale scores (defined in Goal 2) from program termination to 6 months after program termination.

b. Veterans completing the program will obtain no fewer scale points on item 54, Counseling Record: Independent Living Evaluation form from program termination to 6 months after program termination.

c. Veterans institutionalized at program start but not at program termination will not be residing in institutions 6 months after program termination.

d. The total number of days spent in institutions by each program participant during the 6 months after program termination will be significantly less than the number of days spent in institutions 6 months prior to program entrance (as measured by item 12, Independent/Living Demographic Data and item 44, Counseling Record: Independent Living Evaluation form).

GOAL 5: Veterans completing the program will verbalize a self perceived improvement in the quality of life.

a. Veterans completing the program will demonstrate at least a 16 point decrease from program start to program close on the Modified Quality of Life Scale.

b. Veterans completing the program will show no more than a total 8 point increase from program termination to 6 months after termination as measured in Goal 6, Objective 1.

GOAL 6: Veterans will express satisfaction with services received.

a. Veterans completing the program will express satisfaction with services (answering 1 or 2 on the last item on the Modified Quality of Life Scale) at

time of program termination and at 6 months after termination.

b. Veterans entering program but who voluntarily drop out or are dropped from program by VR&C staff will express satisfaction with services (as measured in Goal 7, Objective 1) at termination.

GOAL 7: Veterans will express satisfaction with services received.

a. Establish VA program-related costs on a per patient basis.

b. Establish a cost-change relationship utilizing functional change scores reflected on Counseling Record: Independent Living Evaluation form.

c. Determine costs realized due to changes in level of care resulting from pilot program participation as measured by pre and post program scores on items 43, 45 and 46, Counseling Record: Independent Living Evaluation form.

d. Determine if there is a trend of decreased need for institutional care which may be translated into cost savings as reflected by pre program scores on item 12, Independent Living/Demographic Data form and post program scores on item 44, Counseling Record: Independent Living Evaluation form.

APPENDIX G

VA Form 28-8906, Independent Living
Evaluation Counseling Record

Veterans Administration

VACO USE ONLY
INFOREX RECORD
1-9
10-8
11
12-13

COST ACCOUNTING RECORD

1. FIRST NAME – MIDDLE INITIAL – LAST NAME OF COUNSELEE	2. SOCIAL SECURITY NUMBER	3. REGIONAL OFFICE

PART I – LOG OF STAFF TIME AND AUTHORIZED EXPENSES

4. INSTRUCTIONS *All expenditures of staff time for veteran must be recorded (travel time, meetings, paperwork completion, etc.). Do not attempt to estimate cost of staff overhead. All Chapter 31 related costs authorized by VR&C staff must be listed (include beneficiary and staff travel, but exclude subsistance allowance and other non-Chapter 31 related VA entitlements). If cost is unknown give estimate. Travel costs are computed at 20¢ per mile plus tolls and parking (even if GSA car is used).*

A. DATE	B. DESCRIPTION	C. COST		D. TIME				
		ALL COST EXCEPT STAFF TRAVEL	STAFF TRAVEL COST	ALL STAFF TIME EXCEPT TRAVEL		STAFF TRAVEL TIME		STAFF INITIAL
				HRS	MIN	HRS	MIN	

VA FORM MAR 1984 **28-8910**

651086

80a

VACO USE ONLY	PART II – SUMMARY	
	5. TIME *(Round to nearest quarter hour)*	
14-19	A. TOTAL STAFF TIME, EXCLUDING TRAVEL *(Hours)*	
20-25	B. TOTAL STAFF TRAVEL TIME *(Hours)*	
26-31	C. TOTAL STAFF TIME *(Hours) (This figure will equal the sum of hours in 5A and 5B.)*	
	6. COST *(Round to nearest dollar)*	
32-37	A. COST *(Excluding staff travel)* $	
38-42	B. STAFF TRAVEL COST $	
43-48	C. TOTAL COST *(This figure will equal the sum of amounts in 6A and 6B.)* $	
	REMARKS	
49-85	7. DATE *(Month, Day, Year)*	8. STAFF SIGNATURE

APPENDIX H

VA Form 28-8910, Cost Accounting Record

Veterans Administration

VACO USE ONLY
INFOREX RECORD
1-9
10-9
11
12-13

COST ACCOUNTING RECORD

1. FIRST NAME – MIDDLE INITIAL – LAST NAME OF COUNSELEE	2. SOCIAL SECURITY NUMBER	3. REGIONAL OFFICE

PART I – LOG OF STAFF TIME AND AUTHORIZED EXPENSES

4. INSTRUCTIONS *All expenditures of staff time for veteran must be recorded (travel time, meetings, paperwork completion, etc.). Do not attempt to estimate cost of staff overhead. All Chapter 31 related costs authorized by VR&C staff must be listed (include beneficiary and staff travel, but exclude subsistance allowance and other non-Chapter 31 related VA entitlements). If cost is unknown give estimate. Travel costs are computed at 20¢ per mile plus tolls and parking (even if GSA car is used).*

A. DATE	B. DESCRIPTION	C. COST		D. TIME				
		ALL COST EXCEPT STAFF TRAVEL	STAFF TRAVEL COST	ALL STAFF TIME EXCEPT TRAVEL		STAFF TRAVEL TIME		STAFF INITIAL
				HRS	MIN	HRS	MIN	

VA FORM MAR 1984 **28-8910**

651086

VACO USE ONLY	PART II – SUMMARY
	5. TIME *(Round to nearest quarter hour)*
14-19	A. TOTAL STAFF TIME, EXCLUDING TRAVEL *(Hours)*
20-25	B. TOTAL STAFF TRAVEL TIME *(Hours)*
26-31	C. TOTAL STAFF TIME *(Hours) (This figure will equal the sum of hours in 5A and 5B.)*
	6. COST *(Round to nearest dollar)*
32-37	A. COST *(Excluding staff travel)* $
38-42	B. STAFF TRAVEL COST $
43-49	C. TOTAL COST *(This figure will equal the sum of amounts in 6A and 6B.)* $
	REMARKS
50-65	7. DATE *(Month, Day, Year)* / 8. STAFF SIGNATURE

APPENDIX I

VA Form 28-8904, Record of Other VA Entitlements

Veterans Administration

RECORD OF OTHER VA ENTITLEMENTS

VACO USE ONLY CARD I	1. FIRST NAME · MIDDLE INITIAL · LAST NAME OF COUNSELEE	2. SOCIAL SECURITY NUMBER
1-8		
	3. REGIONAL OFFICE	
10- 5		
11- 1		

PART I · VA ENTITLEMENTS USED

12. —

INSTRUCTIONS · Do not include medical care, pension, compensation, clothing allowance, or items listed on VA Form 28-8910, Cost Accounting Record. List only entitlements received for the first time after veteran was approved for the pilot program. If exact cost is unknown give a best estimate and note it is an estimate by recording "(EST)" after dollar amount. If cost is a recurring cost (e.g. monthly aid and attendance), record total dollars spent during this rating period under Column B.

	4. ENTITLEMENT	A. DATE OBTAINED	B. COST OR VALUE OF BENEFIT	C. INITIALS
13-17	5. AUTOMOTIVE OR OTHER CONVEYANCE			
18-21	6. ADAPTIVE EQUIPMENT · AUTO			
22-25	7. AID AND ATTENDANCE			
26-29	8. PROSTHETIC APPLIANCE LIST			
	o			
30-33	o			
34-37	o			
38-41	o			
42-45	o			
46-50	9. HOUSING ASSISTANCE			
	o SPECIALLY ADAPTED HOME			
51-56	o VETERANS MORTGAGE LIFE INSURANCE			
57-62	o DIRECT VA HOME LOAN			
63-68	o GUARANTEED HOME LOAN			
69-72	10. OTHER *(Specify)*			
73-76				
77-81	11. TOTAL COST			

VA FORM MAR 1984 **28-8904**

651092

PART II - SUBSISTENCE RECEIVED

12. Record subsistence awards during veteran's participation in the pilot program.

VACO USE ONLY	EFFECTIVE DATE OF AWARD	ENDING DATE OF AWARD	RATE OF PARTICIPATION (Check one box)					SUBSISTENCE RATE
			LESS THAN ¼ TIME	¼ TIME	⅓ TIME	½ TIME	FULL TIME	
82-99			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
100-117 INFOREX			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
CARD II 1-9 10 5 11 2 12 — 13-30			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
31-48			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
49-66			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
67-84			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
85-102			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
103-120 INFOREX CARD III			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
1-9 10 5 11 3 12 — 13-30			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
31-48			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	
49-66			1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	

REMARKS

67-72	13. DATE	14. STAFF SIGNATURE

APPENDIX J

VA Form 28-8905, Independent Living
Demographic Data

39-983 O - 84 - 13

Veterans Administration

INDEPENDENT LIVING DEMOGRAPHIC DATA

VACO USE ONLY INFOREX RECORD I 1-9	1. FIRST NAME - MIDDLE INITIAL - LAST NAME OF COUNSELEE / REGIONAL OFFICE 2. SOCIAL SECURITY NUMBER / DATE
10 2 11 1 12 _	
13-18	3. DATE OF BIRTH *(Month - Day - Year)* / STAFF SIGNATURE
19	4. VETERAN'S CURRENT RESIDENCE *(Check one)* 1 ☐ CENTRAL CITY OVER 100,000 · 3 ☐ SUBURB OF CENTRAL CITY · 5 ☐ ALL OTHERS 2 ☐ CENTRAL CITY UNDER 100,000 · 4 ☐ CITY OVER 2,500
20	5. RACE/NATIONAL ORIGIN *(Check one)* 1 ☐ ASIAN/PACIFIC ISLANDER · 4 ☐ AMERICAN INDIAN/ALASKAN NATIVE 2 ☐ BLACK NOT OF HISPANIC ORIGIN · 5 ☐ WHITE NOT OF HISPANIC ORIGIN 3 ☐ HISPANIC
21	6. SEX *(Check one)* 1 ☐ FEMALE · 2 ☐ MALE
22	7. EDUCATION *(Indicate highest level of education completed by veteran) (Check only one)* 1 ☐ 0-4 YEARS · 6 ☐ 1-3 YEARS COLLEGE 2 ☐ 5-8 YEARS · 7 ☐ 4 YEARS COLLEGE *(Completed)* 3 ☐ HIGH SCHOOL *(Incomplete)* · 8 ☐ SOME GRADUATE EDUCATION 4 ☐ HIGH SCHOOL *(Completed)*, GED · 9 ☐ GRADUATE DEGREE 5 ☐ POST HIGH SCHOOL, BUSINESS OR TRADE
23	8. CURRENT MARITAL STATUS *(Check one)* 1 ☐ MARRIED · 4 ☐ DIVORCED 2 ☐ COHABITING · 5 ☐ SEPARATED 3 ☐ WIDOWED · 6 ☐ NEVER MARRIED
24 25 26	9. NUMBER OF DEPENDENTS *(Specify number for each category. If none enter "0".)* _____ SPOUSE _____ CHILDREN _____ OTHER DEPENDENTS *(Include former spouses if veteran provides significant financial support.)*
27	10. EMPLOYMENT *(Check the highest level of employment ever attained.)* 1 ☐ NEVER EMPLOYED · 5 ☐ TRANSITIONAL EMPLOYMENT 2 ☐ UNPAID WORKER *(Volunteer, O.T., homemaker)* · 6 ☐ COMPETITIVE EMPLOYMENT OR BUSINESS ENTERPRISE PART TIME 3 ☐ PRE-VOCATIONAL TRAINING · 7 ☐ COMPETITIVE EMPLOYMENT OR BUSINESS ENTERPRISE FULL TIME 4 ☐ SHELTERED EMPLOYMENT
28-31	11. HOW LONG SINCE VETERAN WORKED FOR PAY? *(Do not include military service)* _____ YEAR(S) · _____ MONTH(S) · _____ NEVER WORKED FOR PAY RECODE _____ *(FOR VACO USE ONLY)*

VA FORM MAR 1984 **28-8905**

ES1051

VACO USE ONLY

12. DURING THE 6 MONTHS PRIOR TO PROGRAM ADMISSION, HOW MANY TOTAL DAYS DID THE VETERAN RESIDE IN THE FOLLOWING FACILITIES. *(Answer all which apply.)*

EXTENDED CARE FACILITY - *Refers to nontime limited, residential facility which provides a high level of nursing care but is not an acute care facility. (a nursing home or an intermediate medical ward)*

TRANSITIONAL FACILITY - *Refers to time limited, rehabilitation oriented, residential facility. (halfway house/rehabilitation center, independent living program, spinal cord injury unit, blind rehabilitation unit)*

SUPERVISED INDEFINITE STAY FACILITY - *Refers to residential program which is primarily maintenance (not treatment) oriented, not time limited and provides some supervision. (group home, foster home, residential care home)*

	NUMBER OF DAYS	FACILITY
32-34		VA MEDICAL CENTER
35-37		VA EXTENDED CARE FACILITY OR NURSING HOME
38-40		VA CONTRACT NURSING HOME *(Private)*
41-43		VA CONTRACT NURSING HOME *(State)*
44-46		VA DOMICILIARY
47-49		VA TRANSITIONAL FACILITY *(Specify)* _____
50-52		VA SUPERVISED, INDEFINITE STAY FACILITY
53-55		NON-VA HOSPITAL
56-58		NON-VA EXTENDED CARE FACILITY OR NURSING HOME
59-61		NON-VA DOMICILIARY *(Soldier's Home, etc.)*
62-64		NON-VA TRANSITIONAL FACILITY *(Specify)* _____
65-67		NON-VA SUPERVISED, INDEFINITE STAY FACILITY

68 — 1 ☐ NO TIME SPENT IN FACILITY *(Check box if applicable)*

69 — 13. LANGUAGE USUALLY SPOKEN
1 ☐ ENGLISH 2 ☐ SPANISH 3 ☐ OTHER 4 ☐ UNKNOWN

70-75 — 14. DATE APPLICATION WAS RECEIVED IN VR&C
MONTH DAY YEAR

76 — 15. DID VETERAN RECEIVE SERVICE UNDER IEEP?
1 ☐ YES 2 ☐ NO

77-82 — 16. IF VETERAN RECEIVED SERVICES UNDER IEEP GIVE DATE "VOCATIONAL INFEASIBILITY" DECISION WAS MADE
MONTH DAY YEAR

83 — 17. WAS VETERAN REFERRED BY OM&S?
1 ☐ YES 2 ☐ NO 3 ☐ OTHER *(Explain)*

84-88 — 18. WAS VETERAN FOUND INFEASIBLE FOR CHAPTER 31 VOCATIONAL TRAINING?
1 ☐ NO 2 ☐ YES *(Temporarily infeasible)* MONTH YEAR
3 ☐ YES *(Indefinitely infeasible)* MONTH YEAR 4 ☐ YES *(Permanently infeasible)* MONTH YEAR

89-91 — 19. IS THE VETERAN IN RECEIPT OF INDIVIDUAL UNEMPLOYABILITY?
1 ☐ NO 2 ☐ YES *(Number of years)* _____

20. LIST PRIMARY DISABILITIES *(1 ONLY)* FROM LATEST VA FORM 21-6796 *(VA RATING DECISION)*

	TYPE	DIAGNOSTIC CODE	CURRENT DISABILITY RATING (%)
92-98	SERVICE CONNECTED		
99-105			
106-112			
113-119	NON SERVICE CONNECTED		
CARD II 1-9			
10 2 11 2			
12			
13-19			
20-26			

27-29 — 21. TOTAL CURRENT COMBINED SERVICE-CONNECTED RATING %

30-33 — 22. DATE CURRENT RATING WAS FIRST AWARDED
MONTH YEAR

34-38 — 23. ESTIMATED COST OF VETERAN'S PARTICIPATION *(Exclude subsistence and other VA benefits)*
$

39 — 24. ESTIMATED RATE OF PROGRAM PARTICIPATION FOR SUBSISTENCE PURPOSES
1 ☐ FULL TIME 3 ☐ ¾ TIME 5 ☐ LESS THAN ¾ TIME *(No subsistence allowable)*
2 ☐ ½ TIME 4 ☐ ¼ TIME

40 — 25. IS THIS A PARAGRAPH 29 RATING? *(100% due to current hospitalization of more than 21 days for service connected condition.)*
1 ☐ YES 2 ☐ NO

APPENDIX K

VA Form 28-8907, Followup of Pilot Program Ineligibles

Veterans Administration

VACO USE ONLY
INFOREX RECORD

FOLLOWUP OF PILOT PROGRAM INELIGIBLES
(COUNSELING RECORD)

1-9
10_3_

1. FIRST NAME – MIDDLE INITIAL – LAST NAME OF COUNSELEE | 2. SOCIAL SECURITY NUMBER | 3. REGIONAL OFFICE

11

4. SINCE THE TIME VR&C WAS FIRST NOTIFIED OF VETERAN'S INELIGIBILITY FOR PILOT PROGRAM, INDICATE WHAT ACTIONS HAVE BEEN TAKEN. *(Check all which apply)*

1 ☐ SERVICES PROVIDED UNDER IEEP
2 ☐ SERVICES PROVIDED UNDER IWRP
3 ☐ SERVICES PROVIDED UNDER IEAP
4 ☐ NO SERVICES PROVIDED UNDER CHAPTER 31

12

5. IF NO SERVICES WERE PROVIDED UNDER CHAPTER 31, WAS VETERAN REFERRED TO: *(Check one)*

DMAS 1 ☐ YES 2 ☐ NO

13

COMMUNITY RESOURCES 1 ☐ YES 2 ☐ NO

14

NOT APPLICABLE 1 ☐

15

6. IF NO SERVICES THROUGH CHAPTER 31 OR OTHER PROGRAMS WERE PROVIDED, WAS IT BECAUSE:

1 ☐ NOT APPLICABLE
2 ☐ VETERAN REFUSED OR DID NOT KEEP APPOINTMENTS
3 ☐ NO OTHER RESOURCES AVAILABLE
4 ☐ INSUFFICIENT STAFF TIME
5 ☐ VETERAN ALREADY RECEIVING SERVICES THROUGH OTHER PROGRAMS
6 ☐ OTHER *(Explain)* _____

7. IF SERVICES THROUGH CHAPTER 31 WERE PROVIDED, BRIEFLY DESCRIBE THE PROGRAM GOAL, LENGTH AND TYPE OF SERVICES, AND VETERAN'S PROGRESS. ATTACH A COPY OF THE VETERAN'S CURRENT REHABILITATION PLAN.

16-31

8. DATE | 9. STAFF SIGNATURE

VA FORM MAR 1984 **28-8907**

651089

APPENDIX L

VA Form 28-8908, Modified Quality of Life

Veterans Administration

VACO USE ONLY
INFOREX RECORD

MODIFIED QUALITY OF LIFE

10	1. FIRST NAME – MIDDLE INITIAL – LAST NAME OF VETERAN	2. SOCIAL SECURITY NUMBER
10 1	3. REGIONAL OFFICE	4. DATE

NOTE: – This form is designed to tell us how things are doing in your life. For each item below, check the number which best describes your feelings.

If things related to the item are going very well, check the block under "1" which represents "great." If things are going very poorly, check the block under "7" which represents "lousy." If things are going "OK," then check the box under "4." If things are not going "great," but are better than "OK," check either box under "2" or "3." If things are not "OK," but are better than "lousy," check either box under "5" or "6." If the item does not apply to you, check the box under "NA." (Check one)

11	VARIABLE	N/A	GREAT			OK			LOUSY
		0	1	2	3	4	5	6	7
12	MY DAY IS:								
13	MY JOB IS:								
14	MY LEISURE TIME IS:								
15	MY ENVIRONMENT *(where I live, home, neighborhood, weather)* IS:								
16	MY EATING IS:								
17	MY SLEEP IS:								
18	MY INCOME/MONEY IS:								
19	I GET ALONG WITH MY CHILDREN:								
20	I GET ALONG WITH THE MAN/WOMAN I LOVE:								
21	I GET ALONG WITH OTHER PEOPLE:								
22	MY EMOTIONAL WELL BEING IS:								

23 DO I LIKE MYSELF? *(Check one)*

1 ☐ YES, I LIKE MYSELF 2 ☐ I'M OK 3 ☐ NO, I NEED A LOT OF CHANGE

24 HOW SATISFIED AM I WITH SERVICES I HAVE RECEIVED FROM THE VOCATIONAL REHABILITATION AND COUNSELING DIVISION? *(Check one)*

SCALE

VERY SATISFIED 1 ☐ 2 ☐ 3 ☐ NOT SATISFIED OR DISSATISFIED 4 ☐ 5 ☐ VERY DISSATISFIED

REMARKS

VA FORM MAR 1984 28-8908

651087

85a

APPENDIX M

VA Form 28-8872, Rehabilitation Plan

Veterans Administration

REHABILITATION PLAN

1. DATE

2. FIRST - MIDDLE - LAST NAME OF VETERAN

3. CLAIM NUMBER
C-

4. SOCIAL SECURITY NUMBER

5. PROGRAM PLAN (Check one)
- ☐ IEEP - INDIVIDUALIZED EXTENDED EVALUATION
- ☐ IWRP - INDIVIDUALIZED WRITTEN REHABILITATION
- ☐ IEAP - INDIVIDUALIZED EMPLOYMENT ASSISTANCE

6A. TYPE OF PLAN
☐ ORIGINAL ☐ AMENDMENT (If "Amendment," complete items 6B and 6C)

6B. AMENDMENT NO. TO IWRP

6C. DATE OF IWRP

7. PROGRAM GOAL

NOTE: INTERMEDIATE OBJECTIVES TO ACHIEVE PLANNED GOAL COVERED IN ITEMS 8 THRU 12.

8A. OBJECTIVE ONE (Description)

8B. ANTICIPATED COMPLETION DATE

8C. SERVICES PROVIDED

8D. DURATION OF SERVICES
FROM (Mo., Yr.) TO (Mo., Yr.)

8E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES

8F. PERSON TO CONTACT (If institution)

8G. TELEPHONE NO. (Include Area Code)

8H. EVALUATION CRITERIA

8I. EVALUATION PROCEDURE

8J. EVALUATION SCHEDULE

8K. PROGRESS NOTES

9A. OBJECTIVE TWO (Description)

9B. ANTICIPATED COMPLETION DATE

9C. SERVICES PROVIDED

9D. DURATION OF SERVICES
FROM (Mo., Yr.) TO (Mo., Yr.)

9E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES

9F. PERSON TO CONTACT (If institution)

9G. TELEPHONE NO. (Include Area Code)

9H. EVALUATION CRITERIA

Continued on Reverse

ITEM 9 CONTINUED

9I. EVALUATION PROCEDURE

9J. EVALUATION SCHEDULE

9K. PROGRESS NOTES

10A. OBJECTIVE THREE (Description)

10B. ANTICIPATED COMPLETION DATE

10C. SERVICES PROVIDED

10D. DURATION OF SERVICES

FROM (Mo., Yr.)

TO (Mo., Yr.)

10E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES

10F. PERSON TO CONTACT (If institution)

10G. TELEPHONE NO. (Include Area Code)

10H. EVALUATION CRITERIA

10I. EVALUATION PROCEDURE

10J. EVALUATION SCHEDULE

10K. PROGRESS NOTES

11. CLOSURE STATEMENT

I CERTIFY THAT I have participated in the development of this program plan. I understand it is my responsibility to cooperate in the program and make reasonable efforts on my behalf. There will be periodic and/or an annual review of the plan, at which time I will have a chance to jointly redevelop it. (Check box ☐ if VA Form 28-8872a, Rehabilitation Plan - Continuation Sheet is used.)

12. SIGNATURE OF COUNSELING PSYCHOLOGIST

13. SIGNATURE OF VETERAN

14. SIGNATURE OF VOCATIONAL REHABILITATION SPECIALIST

15. ANNUAL REVIEW DATE

END PRODUCT

NO.	DATE	INITIALS

APPENDIX N

VA Form 28-8909, Pilot Program Termination Profile

Veterans Administration

VACO USE ONLY
INFOREX RECORD

PILOT PROGRAM TERMINATION PROFILE
(COUNSELING RECORD)

1-9
10 7 — 1. FIRST NAME – MIDDLE INITIAL – LAST NAME OF COUNSELEE | 2. SOCIAL SECURITY NUMBER | 3. REGIONAL OFFICE

11-16 — 4. DATE VETERAN'S NAME WAS SUBMITTED TO THE CENTRAL OFFICE *(Use date on referral letter)* (Month, day, year)

17-22 — 5. DATE VETERAN WAS APPROVED FOR PILOT PROGRAM PARTICIPATION *(Use date on Central Office approval letter)* (Month, day, year)

23-26 — 6. DATE VETERAN ENTERED PILOT PROGRAM *(Give date during which services specified on IILP were first provided)* (Month, year)

27-30 — 7. DATE VETERAN TERMINATED OR WAS TERMINATED FROM PILOT PROGRAM *(Month, year)*

31 — 8. DID VETERAN TERMINATE PILOT PROGRAM PRIOR TO INITIATION OF SERVICES SPECIFIED ON IILP? *(Check box)*
1 ☐ YES 2 ☐ NO

32 — 9. INDICATE REASON FOR VETERAN'S TERMINATION FROM THE PROGRAM. IF PROGRAM'S TIME LIMIT WAS REACHED BUT ALL IILP OBJECTIVES WERE ACHIEVED, MARK 3.

1 ☐ VETERAN'S DECISION
2 ☐ PROGRAM'S TIME LIMIT REACHED
3 ☐ IILP OBJECTIVES ACHIEVED
4 ☐ VR&C DECISION BASED ON LACK OF PROGRESS
5 ☐ VETERAN ENTERED AN IWRP
6 ☐ VETERAN DIED
7 ☐ OTHER *(Explain)* _____

10. INDICATE THE TYPE OF SERVICES VETERAN RECEIVED FROM ANY ONE OF THE SIX DM&S PILOT INDEPENDENT LIVING CENTERS DURING SPONSORSHIP UNDER THE CHAPTER 31 PILOT PROGRAM. *(Do not include services received from other DM&S facilities)* *(Check all which apply)*

33	EVALUATION OF INDEPENDENT LIVING NEEDS	1 ☐ YES	2 ☐ NO
34	SERVICES TO MEET SOME BUT NOT ALL OBJECTIVES ON IILP	1 ☐ YES	2 ☐ NO
35	SERVICES TO MEET ALL IILP OBJECTIVES	1 ☐ YES	2 ☐ NO
36	COORDINATION OF COMMUNITY RESOURCES	1 ☐ YES	2 ☐ NO
37	SKILLS TRAINING	1 ☐ YES	2 ☐ NO
38	TRANSITIONAL LIVING	1 ☐ YES	2 ☐ NO
39	CASE CONSULTATION WITH VR&C STAFF	1 ☐ YES	2 ☐ NO
40	OTHER SERVICES *(Specify)* _____	1 ☐ YES	2 ☐ NO

11. IN ORDER TO MEET IILP OBJECTIVES DURING THE CHAPTER 31 PILOT PROGRAM, DID THE VETERAN ATTEND CLINIC/CENTER?

41	DM&S BLIND REHABILITATION CENTER OR CLINIC	1 ☐ YES	2 ☐ NO
42	DM&S SPINAL CORD INJURY CENTER	1 ☐ YES	2 ☐ NO
43	DM&S DAY TREATMENT CENTER FOR PSYCHIATRICALLY DISABLED	1 ☐ YES	2 ☐ NO

12. DID VETERAN'S MARITAL STATUS CHANGE FROM PROGRAM ADMISSION TO PROGRAM TERMINATION?

44
1 ☐ NO CHANGE
2 ☐ SINGLE BEFORE ENTERING PROGRAM, BUT MARRIED AT TERMINATION
3 ☐ MARRIED BEFORE ENTERING PROGRAM, BUT DIVORCED AT TERMINATION
4 ☐ OTHER *(Specify)* _____

VA FORM
MAR 1984 28-8909

VACO USE ONLY	13. DID VETERAN'S COMPETENCY STATUS CHANGE FROM PROGRAM ADMISSION TO PROGRAM TERMINATION?
45	1 ☐ NO CHANGE
	2 ☐ INCOMPETENT BEFORE ENTERING PROGRAM, BUT COMPETENT AT TERMINATION
	3 ☐ COMPETENT BEFORE ENTERING PROGRAM, BUT INCOMPETENT AT TERMINATION
	4 ☐ OTHER *(Specify)* _____
	REMARKS
46-51	14. DATE / 15. STAFF SIGNATURE